

Supervisor's Accident/Incident Investigation Form

Use for Industrial Injuries, Illnesses, or Near Misses

When	Date of incident: Time of incident:	Date reported to supervisor:
Who	Injured employee name: Department:	Job Title: Length of Employment:
Where	Exact location of occurrence:	
Loss	Nature and extent of injuries or property damage:	
What	Describe specifically what the individual was doing at the time of the incident:	

**Root Cause(s)
(check all that apply)**

<p style="text-align: center;">MATERIALS</p> <input type="checkbox"/> Improper, defective or damaged tool or equipment <input type="checkbox"/> Equipment or tool failure <input type="checkbox"/> PPE failure <input type="checkbox"/> Hazardous product <input type="checkbox"/> Hazardous chemical <input type="checkbox"/> Improper apparel <input type="checkbox"/> Not otherwise classified (Describe):	<p style="text-align: center;">ENVIRONMENTAL</p> <input type="checkbox"/> Inadequate safeguards <input type="checkbox"/> Location hazards <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Poor storage practices <input type="checkbox"/> Toxic or hazardous gases, or fumes <input type="checkbox"/> Inadequate lighting <input type="checkbox"/> Poor weather conditions <input type="checkbox"/> Too hot or too cold <input type="checkbox"/> Not otherwise classified (Describe):	<p style="text-align: center;">PERSONAL</p> <input type="checkbox"/> Bodily conditions, i.e. health issues, tired, under stress <input type="checkbox"/> Pressure to complete task <input type="checkbox"/> Poor ergonomics <input type="checkbox"/> Lack of skill or knowledge <input type="checkbox"/> Adequate skill or knowledge, but failure in execution <input type="checkbox"/> Did not receive adequate training <input type="checkbox"/> Did not inspect tool or equipment prior to use <input type="checkbox"/> Not otherwise classified (Describe):
<p style="text-align: center;">MANAGEMENT</p> <input type="checkbox"/> No written procedures <input type="checkbox"/> Lack adequate supervision <input type="checkbox"/> Lack of training provided <input type="checkbox"/> Ineffective inspection program or corrective action not taken <input type="checkbox"/> Pressure to get job done <input type="checkbox"/> Not otherwise classified (Describe):	<p style="text-align: center;">TASK</p> <input type="checkbox"/> Safe work procedures not followed <input type="checkbox"/> Conditions changed to make the normal procedure unsafe <input type="checkbox"/> Appropriate tools not used or not available <input type="checkbox"/> Not otherwise classified (Describe):	<p style="text-align: center;">OTHER</p> <input type="checkbox"/> _____ <hr/> <hr/> <hr/> <hr/>

Why

Comment Fully:

Root Cause

Supervisor's Accident Investigation Form (Cont.)

Prevention

What should be done and by whom to prevent recurrence of this type of incident?
(Include target dates.)

What immediate actions have been taken? By whom?

What long term actions will be needed? (Include target dates.)

Name of Supervisor: _____ Date: _____

Signature: _____

Comments by Dept. Head or Manager

Based on the supervisor's report, write a concise statement commenting on why the injury occurred, and whether the corrective actions (taken and planned) are complete enough to prevent recurrence.

Name of Dept. Head or Manager: _____ Date: _____

Signature: _____