

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT
(To be completed immediately by injured employee's supervisor)

1. When and how were you first informed of the incident/accident/exposure?

2. Describe your account of impression of how the incident occurred.

3. Did the incident result from the employees not following safety rules? (Yes No) Have there been other violation of this type? (Yes No). Explain.

4. Did this incident involve a third party? (Resident, visitor, other employee, equipment, tools, etc.) Explain the nature of involvement.

5. How could this accident have been prevented? Please review what the root causes are and determine ways in which to keep this from happening again.

6. What corrective actions have you taken to ensure this won't happen again?

7. Do you question any statements made on this claim? Please explain.

Please review this report, and ensure that all questions are completed and explicit. Be sure witness statements are attached and your account is complete.

Supervisor's Name (Please print):

Title:

Phone:

Supervisor's Signature: _____ Date: