SUPERVISOR'S ACCIDENT REPORT Incident No _____

(To be completed immediately after accident, even when there is no injury)

Company name and address _____

Plant or location address (if different from above) _____

1. Name and address of injured (or ill) person _____ SSN _____ 2. Age _____ 3. Sex _____

4. Years of service _____ 5. Time on present job _____ 6. Title/occupation _____

7. Department _____ 8. Date of accident _____ 9. Time _____

10. Accident category (check) ☐ Motor Vehicle ☐ Property Damage ☐ Fire ☐ Other _____

11. Severity of injury or illness ☐ Non disabling ☐ Disabling ☐ Medical Treatment ☐ Fatality

12. Amount of damage $ _____ 13. Location _____

14. Estimated number of days away from job _____

15. Nature of injury or illness? _____

16. Part of body affected? _____

17. Degree of disability? _____
(Temporary total permanent partial permanent total)

18. Causative agent most directly related to accident? (Object substance, material machinery equipment conditions)

_____

_____

_____

Was weather a factor? _____

19. Unsafe mechanical/physical/environmental condition at time of accident? (Be specific)

_____

_____

_____

20. Unsafe act by injured and/or others contributing to the accident (Be specific *must* be answered)

_____

_____

_____

21. Personal factors (improper attitude lack of knowledge or skill slow reaction fatigue)

_____

_____

_____

(over)

FIG 11-2a.—"Supervisor's Accident Report" (8 ½ × 11 in.) provides record of contributing circumstances, as basis for specific remedial action. Foremen should be trained to fill it out properly.