E Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Location where accident of	occurred	<u> </u>	Employer's Premises:		Date of accident or il	llness
Who was injured?			Job site: Employee Non Employee	Yes No	Time of accident a.r	H
Length of time with firm	Job title or occupation	Name of de	Non-Employee pt. normally assigned to	1	p.n.s employee worked at journed?	
What property/equipment	was damaged?				ipment owned by:	
What was employee doing	g when injury/illness occurred?	What machine	or tool was being used?	What type of op-	peration?	
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How did injury/illness occ	cur? List all objects and subst	tances involved.			· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·		
				<u> </u>		
Part of body affected/injur	red?	Any pr	ior physical conditions?	If so, what?		
Nature and extent of injur	y/illness and property damaged (
		. <u>.</u>		· · · · · · · · · · · · · · · · · · ·		
PLEASE INDICATE Failure to lockou	E ALL OF THE FOLLOV	VING WHIC			NJURY OR ILLN usekeeping	ŒSS
Failure to fockoure					1 0	
			proper protective equipment perative safety device		Poor ventilation Unsafe arrangement or process	
		ack of training or skill		Unsafe equipment		
Improper dress Improper guardin		perating withou				
Improper guarding		_	ital impairment	Unsafe p Other		
Supervisor's corrective	action to ensure this type of	f accident doe	s not recur:	- ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·		
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		· · · · · ·	· · · · ·			
Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedure					ures? Yes No)
Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? .					? Yes No	,
Did employee promptly report the injury/illness?					Yes No)
	available?					
		<u> </u>	• ,	-		
Supervisor's	name	Supervisor's s	agnature	Phone#	E Dat	te