



## Supervisor's Report of Accident

### Basic Rules for Accident Investigation

- Find the cause to prevent future accidents-Use an unbiased approach during investigation
- Interview witness & injured employees at the scene-conduct a walkthrough of the accident
- Conduct interviews in private-interviewed one witness at a time.
- Get signed statements from all involved.
- Take photos or make a sketch of the accident scene
- What hazards are present – what unsafe acts contributed to accident
- Ensure hazardous conditions are corrected immediately.

<b>Date &amp; Time:</b>	<b>Location:</b>
<b>Task performed:</b>	<b>Witness:</b>

<b>Resulted in:</b> <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damaged
--

**Describe Accident Facts & Events and what body part injured:**

### Supervisor's Root Cause Analysis

Check ALL that apply to this accident

UNSAFE ACTS:	UNSAFE CONDITIONS:
<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Poor workstation design
<input type="checkbox"/> Safety rule violation	<input type="checkbox"/> Unsafe operation method
<input type="checkbox"/> Improper PPE or PPE not used	<input type="checkbox"/> Improper maintenance
<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Lack of direct supervision
<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Insufficient training
<input type="checkbox"/> Operating at improper speeds	<input type="checkbox"/> Lack of experience
<input type="checkbox"/> Bypassing safety devices	<input type="checkbox"/> Insufficient knowledge of job
<input type="checkbox"/> Improper loading or placement	<input type="checkbox"/> Slippery conditions
<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Excessive noise
<input type="checkbox"/> Servicing machinery in motion	<input type="checkbox"/> Defective tools/equipment
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Drug or alcohol use	<input type="checkbox"/> Inadequate guarding of hazards

**Supervisor's Signature:** \_\_\_\_\_

### UNSAFE ACTS REQUIRE A WRITTEN WARNING AND RE-TRAINING BEFORE THE EMPLOYEE RESUMES WORK

Re-Training Assigned Date: _____	Unsafe Condition Guarded Date: _____
Re-Training Complete Date: _____	Unsafe Condition Corrected Date: _____

## **REFUSAL OF MEDICAL TREATMENT WORKERS' COMPENSATION**

I, \_\_\_\_\_, hereby acknowledge that my supervisor(s) has offered and made available to me an opportunity to seek necessary medical treatment and/or observation at the expense of my employer, \_\_\_\_\_, for the work-related injury I incurred on \_\_\_\_\_. I am voluntarily choosing to decline medical treatment and/or observation at this time.

I understand that I may request from my employer, at a later time, authorization to obtain medical treatment and/or observation for the injury described above. However, I understand that my refusal of medical treatment and/or observation today may impact my eligibility for workers' compensation benefits related to the injury described above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date