Supervisors Accident Report

SUPERVISOR'S SECTION I

Page is to be completed by the employee's supervisor

Name of Supervisor: _____ Date of Occurrence: _____

Accident Location: _____ Date of Report: _____

NATURE OF THE ACCIDENT (List all that apply)

☐ Workers' Compensation ☐ Vehicle/Equipment Damage ☐ Property Damage

INJURY CATAGORY

PART OF BODY INJURED

- ☐ Head (head, ear, eye, nose, mouth, & chin)
- ☐ Neck (upper/lower)
- ☐ Upper Extremities (shoulder, arm, wrist, hand & finger)
- ☐ Trunk (upper/lower -back)
- ☐ Lower Extremities (hip, leg, knee, ankle, foot, toe)
- ☐ Internal
- ☐ Multiple (head, neck, etc.)
- ☐ Other

EXAMPLE:

- ☐ Lower Extremities: Circle applicable part, i.e., ankle

NATURE OF INJURY

- ☐ Abrasion (scratch)
- ☐ Bruise (contusion, crush)
- ☐ Bruise (contusion, crush)
- ☐ Dislocation
- ☐ Exposure (disease, heat, cold, noise, etc.)
- ☐ Fracture
- ☐ Multiple (bruise, cut, etc.)
- ☐ Bodily Reaction (allergy, rash, etc.)
- ☐ Sprain/Strain
- ☐ Wound (cut, puncture)
- ☐ Other

TYPE OF ACCIDENT

INDUSTRIAL ACCIDENT TYPES

- ☐ Caught in/Under/Between
- ☐ Contact w/Chemicals (toxins, caustics, radiation)
- ☐ Contact w/ Electrical Current
- ☐ Contact w/ Othe Energy Sources
- ☐ Contact w/ Temperature Extremes (cold, heat)
- ☐ Exposure (noise, disease, etc.)
- ☐ Trip and Fall (trip, slip)
- ☐ Overexertion (sprain, strain)
- ☐ Rubbed (scratched/abraded)
- ☐ Struck by/Against Object
- ☐ Other

VEHICLE/EQUIPMENT ACCIDENTS

- ☐ Backing
- ☐ Parking
- ☐ Struck while parked
- ☐ Hit fixed object
- ☐ Hit pedestrian/Hit by pedestrian
- ☐ Hit by at intersection/Hit vehicle at intersection
- ☐ Hit by/Hit vehicle ahead/behind
- ☐ Hit by/Hit oncoming vehicle
- ☐ Hit by passing vehicle/Hit vehicle while passing
- ☐ Highway vehicle accident (struck by or against)
- ☐ Other

POLICE REPORT NUMBER	MAKE, MODEL, YEAR OF VEHICLE	DAMAGE TO VEHICLE

Supervisors Accident Report

SUPERVISOR'S SECTION II

Page is to be completed by the employee's supervisor

RESULTING ACTION
Immediate Medical Attention

☐ Refused medical attention ☐ First Aid Only ☐ MPN Clinic ☐ Emergency Room ☐ Follow up appointment date

Accident Summary

Summarize the accident to include the machine, equipment, object, or substance involved. Identify any personal protective equipment required, on hand and used or not used, attach photos or drawings, etc.

Explain "Corrective Measures" your are taking to prevent a repeat incident (similar accident):

_____ enter a date.

Supervisor's Signature: **Date:**

Human Resources comments:

_____ enter a date.

Human Resources Signature: **Date:**