

TO BE COMPLETED BY SUPERVISOR

When was this accident reported to you and by whom?	
Was this incident discussed with employee?	
What were the results of your interview with the witness(es)/employee(s)?	Did you obtain statement(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness/Employee Name(s):	
Does the employee's description of the accident concur with the witness(es)/employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain.	
What are the specific causative factors in this accident? (Check All That Apply) <input type="checkbox"/> Routine Task <input type="checkbox"/> Non-Routine Task <input type="checkbox"/> Proper Technique Not Used <input type="checkbox"/> Was the Worker Inattentive or Disregard Rules/Conditions <input type="checkbox"/> Poor Communication/Planning Between Workers <input type="checkbox"/> Safety Devices Not Used (guards, locks, seat belts) (all/some/none) <input type="checkbox"/> Required PPE Not Worn (ear, eye, head, face, foot, hand, high visibility vest, other)	Behavioral Factors (Check All That Apply) <input type="checkbox"/> Rushing <input type="checkbox"/> Frustration <input type="checkbox"/> Fatigue <input type="checkbox"/> Complacency <input type="checkbox"/> Other: _____ _____
Were tools/equipment/help appropriate and sufficient for the worker and job? If not, what is needed?	
Were rules, directives, warnings appropriate and sufficient?	
Were work conditions underestimated/overlooked/not inspected before the task was started?	
Environmental factors (lighting, temperature, noise, vibration, dust, weather) that you feel contributed to this injury/illness:	Was there a past incident review of the area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there corrective actions that need to be taken? If yes, explain the plan to prevent reoccurrence.	
Would the employee benefit from any type of training? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what training?	Date of Scheduled Training: _____
Modify, reassign task, work conditions, tools, directives (explain):	

EQUIPMENT (If Caused or Contributed to Incident/Injury)

Purchase of different tools/equipment (explain)	Is there a repair order for the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	When was work order submitted?	To whom?
Date of follow-up with employee and/or equipment order	Who has been assigned to complete follow-up?	Anticipated Completion Date	
Supervisor Signature (PRINTED)	Supervisor Signature	Date Signed	