

Supervisor Report of Employee Accident/Incident



To be completed by Supervisor

Employee Name	
Date of Accident/Incident	
Time of Accident/Incident	
Date accident/incident reported	
Did the employee report the accident/incident immediately?	YES NO
Location of accident/incident (specify if off-site address)	

How did the injury or damage occur? What job duties were the employee performing?

What part(s) of the employee's body were reported as injured? What part(s) of the equipment were damaged?

Has the employee sought any medical treatment for these injuries? Are any repairs necessary to the equipment? If so, specify when and where.

What witnesses were present when the accident occurred (including self)?

Do you have any reason to question the legitimacy of the accident/incident? If so, please explain.

Indicate working conditions present that led to accident/incident (please check all that apply):

Unused/unavailable lifting equipment	Wet/slippery floor
Unused/unavailable PPE (gloves, hardhat, goggles, etc.)	Poor housekeeping
Unused/unavailable sharps container	Interaction with co-worker
Unguarded or improperly guarded equipment	Interaction with patient or resident
Electrical exposure	Interaction with customer
Obstructed view	Chemical exposure
Lack of training	Motor vehicle accident
Defective tools or equipment	Other:

What changes could be made to eliminate or reduce the hazards(s) identified above?

The above report is true and accurate:

Supervisor Signature & Title: _____

Date: _____