

Supervisor Incident/Accident Report

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

General Information

Employee:	Date & Time Reported: ___/___/___ : AM PM	Date & Time of Incident: ___/___/___ : AM PM	
Location of Incident:	Witness:	Supervisor:	Supervisor #: (___) -
Job Title:	Department:	Vehicle #/Equipment #:	

List Property/Equipment Damaged:

Was the employee performing normal job duty: YES NO	Police Report #	Paradigm Reference#:
	Vehicle Towed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Nurse Triage:

How did incident occur?

Part of body affected/injured. (Specific Details): (If applicable)

Root Cause

Incident Type:	BEHAVIOR	PROCESS	EQUIPMENT
PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS			
Failure to lockout	Improper maintenance	Poor housekeeping	
Failure to secure	Improper protective equipment	Unsafe operation of vehicle or mobile equipment	
Failure to wear seatbelt	Inoperative safety device	Unsafe position, arrangement or process	
Failure to use spotter	Lack of training or skill	Unsafe equipment	
Improper guarding	Operating without authority	Failure to observe surroundings	
Improper instruction	Failure to observe safety procedures	Other:	

Explain:

Corrective Actions

Was the employee coached on proper safety procedures regarding incident?	Yes	No	N/A
Was the employee trained on proper safety procedures regarding incident?	Yes	No	N/A
Supervisor's corrective action to ensure this type of accident does not recur:			

Supervisor (Print)

Supervisor (signature)

Date