



## Accident Investigation Report

If yes, did you file an employer's portion of worker's compensation form?  Yes  No

Did the injured employee(s) go home during their work shift?  Yes  No

If yes, list the date and time injured employee(s) left jobs (s) \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_  
\_\_\_\_\_

What could have been done to prevent this accident/incident?  
\_\_\_\_\_

Have the unsafe conditions been corrected?  Yes  No

If yes, what has been done? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, what needs to be done? \_\_\_\_\_  
\_\_\_\_\_

Employer or Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Comments/notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Accident Investigation Report

Employee(s) Name ( s) \_\_\_\_\_

Time & Date of Accident/Incident \_\_\_\_\_

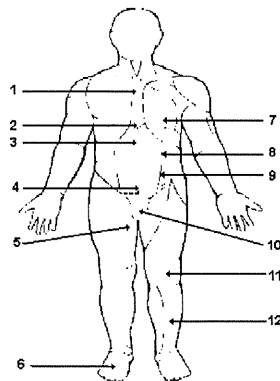
Job Title(s) and department (s) \_\_\_\_\_

Supervisor/lead person: \_\_\_\_\_

Witness: \_\_\_\_\_

Brief Description of the accident or incident: \_\_\_\_\_

Indicate body part affected:



Did the injured employee(s) see a doctor?  Yes  No

Additional Comments: \_\_\_\_\_



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\_\_\_\_\_

Supervisor' s Comments: \_\_\_\_\_  
\_\_\_\_\_

What could have been done to prevent this accident/incident?  
\_\_\_\_\_

Have the unsafe conditions been corrected?  Yes  No

If yes, what has been done? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, what needs to be done? \_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_