

Supervisor's Investigation Report

Employee Work-Related Injury or Illness

This form must be completed and returned to Human Resources within 2 working days of the work-related injury or illness of an employee.

Note to supervisor: An accident investigation is not designed to find fault or blame. It is an analysis to determine causes that can be controlled or eliminated.

Date injury occurred: _____ Time of injury: _____

Employee involved: _____ Title: _____

Supervisor: _____ Department: _____

How long was employee performing this operation? _____

Did the employee have training/instruction? _____

Body part(s) injured: _____

Nature and extent of injury: _____

Date injury reported: _____ Was medical treatment given? Yes No

If yes, when, and by whom: _____

How did accident occur? _____

Cause of accident: _____

Was any work time lost other than the day of occurrence? Yes No

Recommendations to prevent a recurrence: _____

What action has been taken? _____

Signature (supervisor) _____ Date _____