

## SUPERVISOR'S ACCIDENT ANALYSIS AND PREVENTION REPORT

### SUPERVISOR'S REPORT

**INSTRUCTIONS:**

1. Within 24 hours of notice of the accident, complete this report.
2. Send report to the Worker's Compensation Coordinator.
3. If you were not present at the time of injury, interview the employee.

Employee Name	Social Security Number	Job Classification
Department Name and Location	Work Unit	
Date of Accident / /	Time of Accident	Date injury reported / /

**ACCIDENT DESCRIPTIONS:** From your analysis, describe in detail the action, occurrence or event that resulted in the accident. Identify the exact location where the accident took place: **Repetitive activities, lifting or material handling**, exposure to chemicals, push/pull or slip and fall, etc. If equipment related, was it defective? Could it be modified to prevent further injuries? Were safety procedures followed? Have employee's job duties changed recently? If so please explain.

Safety devices or other equipment in use at time of accident:

What action could be taken to prevent a similar accident?

Do you agree with the employee's account of the accident?       Yes     No    If NO, Please explain.

Has the employee ever reported any previous physical condition(s) associated with work or non-work activities (second job, sports, etc. that could be related to or aggravated by this injury/illness?       Yes     No    If YES, please explain

Supervisor's Name (Please Print)	Date
Title	Phone # (      )

**\*If injury involved repetitive motion or material handling, Supervisor must complete reverse side\***