

# Sample Supervisor's Accident Investigation Report 207-1b

The Supervisor must complete this form with the employee and then forward it to HR within 24 hours after the incident.

## General Information

Employer	Department	Shift	Job Title
Employee Name	Date of Accident	Sex (M/F)	
Employee Number	Time of Incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Part(s) of Body Injured	
Type of Accident/Illness			
Type of Injury			
Treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Medical		Did Employee Return to Work the Same Day? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Description

Chain of Events (Use Additional Sheets if Necessary)

## Causes

Specify machine, tool, substance of object connect with the accident:

Unsafe mechanical/physical/environmental/condition at time of accident (Be specific):

Personal Factors (Attitude, lack of knowledge or skill, slow reaction, fatigue):

Ask how and why until the fundamental cause is found

## Remedy

Action plan to prevent recurrence (modification of machine, mechanical guarding, environment, training and the immediate corrective actions taken)

## Follow Up

Actions taken on recommendations (include date completed)