

**SUPERVISOR'S REPORT OF ACCIDENT**

Name of Employee Injured: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_ Department: \_\_\_\_\_

Date and Time of Accident: \_\_\_\_\_ .m.

Nature of Injury: \_\_\_\_\_

Part(s) of Body Affected: \_\_\_\_\_

Describe Accident: a) location; b) equipment involved; c) what employee was doing;  
d) cause of accident; and e) sequence of events leading up to accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses (name, address and telephone number): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of Medical Treatment Rendered (first aid, doctor's office, hospital):

\_\_\_\_\_  
\_\_\_\_\_

Did Employee Return to Work? \_\_\_ yes \_\_\_ no Time: \_\_\_\_\_ .m.

Preventive Action Plan (Recommendations) \_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_  
Supervisor