



# Workers' Compensation Supervisor's Accident Report

## To Be Completed by Supervisor Only

Name of Injured Employee		Date of accident or illness		Time of Accident			
Location where accident occurred		Employer's Premises	Yes	No	Job Site	Yes	No
Job Title			Department				
Property/Equipment Damaged							
What was the employee doing when the injury/illness occurred? What machine or tool was being used? What type of operation?							
How did the injury/illness occur? List all objects and substances involved.							
Part of body affected/injured?			Any prior physical conditions? If so, what?				
Nature and extent of injury/illnesses and property damaged (be specific)							
PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY/ILLNESSES:							
<input type="checkbox"/> Failure to Lookout	<input type="checkbox"/> Improper maintenance	<input type="checkbox"/> Poor housekeeping					
<input type="checkbox"/> Failure to Secure	<input type="checkbox"/> Improper protective equipment	<input type="checkbox"/> Poor ventilation					
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inoperative safety device	<input type="checkbox"/> Unsafe arrangement or process					
<input type="checkbox"/> Improper dress	<input type="checkbox"/> Lack of training or skill	<input type="checkbox"/> Unsafe equipment					
<input type="checkbox"/> Improper guarding	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Unsafe position					
<input type="checkbox"/> Improper instruction	<input type="checkbox"/> Physical or mental impairment	<input type="checkbox"/> Other _____					
Supervisor's corrective action to ensure this type of accident does not recur:							

Was the employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures?

Yes  No

Was the employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures?

Yes  No

Did the employee promptly report the injury/illness?

Yes  No

To whom: \_\_\_\_\_

Is there modified duty available? Yes  No  If Yes, list duty: \_\_\_\_\_

Supervisor's Name (Print)

Signature

Date

Phone Number