

SUPERVISOR ACCIDENT INVESTIGATION REPORT**Employee Name:** _____**Job Title:** _____ **Department:** _____**Date of Accident:** _____ **Shift Start Time:** _____**Time of Accident:** _____ **A.M.** _____ **or P.M.** _____**When Did You Learn of the Injury?** _____**Did Injured Employee Receive First Aid?** **Yes** _____ **No** _____**Was Injury Report or First Aid Delayed?** **Yes** _____ **No** _____**If Yes, Why?** _____**Was Employee Referred for Outside Medical Attention:** **Yes** _____ **No** _____**If so, Where?** _____**Location of Accident:** _____**Describe the Nature of the Injury:** _____

Describe Exactly What Happened: _____

List Any Witnesses: _____

Supervisor Signature_____
Date