



## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

### Work related or on the job incident/injury

*Send this form to your companies main office, Manager, Risk Manager or designee within 24 hours*

Employee Name: \_\_\_\_\_

Date of incident \_\_\_\_\_ Exact time of incident (hh:mm) \_\_\_\_\_

Where did it happen \_\_\_\_\_  
(Incl. street address or department/location the employee was in at the time.)

List witnesses, addresses and phone numbers, including any persons that may have knowledge of the injury or incident, if known.

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Did you take the employee to the doctor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the employee go to a doctor on own? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the employee lose any work time due to the alleged injury i.e. unable to report to work for the next regular shift? \_\_\_\_\_ Yes \_\_\_\_\_ No

List attending physician and or Hospital, if known.

Doctor Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

How long is the employee expected to be off work, if any?

Has the employee returned to work? \_\_\_\_\_ Yes \_\_\_\_\_ No (as of date of this report)

What happened? (describe fully what took place or what caused you to make this investigation.)

\_\_\_\_\_

Exact date and time employee reported incident to manager/supervisor \_\_\_\_\_

If not reported by injured employee, how did you learn of incident?

\_\_\_\_\_

Name of the injured employee's immediate supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Investigated by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Date this report was completed \_\_\_\_\_

Date this report was forwarded to company Management \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Person completing report – Name & Email