

**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

\*\*\*\*IMPORTANT – PLEASE COMPLETE ALL SECTIONS\*\*\*\*

Employee Name: \_\_\_\_\_ School/Dept. \_\_\_\_\_

Position: \_\_\_\_\_ Date of Accident \_\_\_\_\_

First Day of Lost Time: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

When did you first learn of any claimed injury or accident? Date: \_\_\_\_\_ Time: \_\_\_\_\_ am \_\_ pm \_\_

Who reported it to you? \_\_\_\_\_

When did you first speak with the employee about it? Date: \_\_\_\_\_ Time: \_\_\_\_\_ am \_\_ pm \_\_

Describe in detail what the employee reported to you (be as specific as possible about what was said).

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

What areas of the body did the employee complain of (left hand, neck, etc.)? Be specific? \_\_\_\_\_

\_\_\_\_\_

Identify any potential witnesses? \_\_\_\_\_

Do you know of any pre-existing medical problems of employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you question the occurrence of this accident/injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the employee complete his/her shift? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the employee request/receive any medical treatment? (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Name (Printed) and Position:** \_\_\_\_\_

**Your Work Location:** \_\_\_\_\_

**Your Work Phone Number:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit this report along with the "Employee's Statement of Accident/Injury/Illness Report" form to the Human Resources Department within 24 hours after notification of accident.