Safety and Health Manual
Supervisor's Accident Investigation Report

The supervisor should use this form when an accident requires investigation: A.) Any injury requiring medical treatment, B.) Incidents involving significant property or equipment damage, C.) Any hazard or incident that has the potential for serious injury, or D.) When a review of the OSHA 300 log indicates that there have been three or more minor injuries with the same identified cause or occurring to the same individual.

EMPLOYEE INFORMATION:	
Employee's Name:	Employee ID/PERNR:
Job Title:	
Agency Name:	
Length of Employment:	☐ Less than 1 month ☐ 1-6 months ☐ 6 months – 5 years ☐ More than 5 years
Time in Current Job:	☐ Less than 1 month ☐ 1-6 months ☐ 6 months – 5 years ☐ More than 5 years
ACCIDENT DETAILS	
Date/Time of Accident:	/ / at ☐ a.m./☐ p.m.
Location of Accident:	
Task Being Performed:	
Equipment/Objects Involved:	
Status of Equipment, if applicable:	☐ Remains Operational ☐ Out of Service ☐ Repaired
Describe the incident. Be specific, if necessary or helpful, attach supporting documentation (photographs, drawings, etc.)	

Witnesses:

Name: Phone Number: ( ) -

Description of Accident: _____

Name: Phone Number: ( ) -

Description of Accident: _____

Name: Phone Number: ( ) -

Description of Accident: _____

INJURY INFORMATION

Severity: ☐ None ☐ Fatality ☐ Lost Time ☐ Restricted Activity/Duty ☐ Job Transfer

Type of Injury:

☐ Abrasion	☐ Contusion	☐ Laceration	☐ Puncture	☐ Heat	☐ Avulsion
☐ Burn	☐ Dermatitis	☐ Foreign Body	☐ Fracture	☐ Cold	☐ Radiation
☐ Inhalation	☐ Absorption	☐ Ingestion	☐ Injection	☐ Sprain	☐ Strain
☐ Loss of Consciousness		☐ Cumulative Trauma Disorder		☐ Other:	

Body Part(s) Injured:

☐ Head	☐ Face	☐ Neck	☐ Should	☐ Toe	☐ Eye	☐ Back
☐ Leg	☐ Knee	☐ Ankle	☐ Foot	☐ Chest	☐ Ear	☐ Arm
☐ Hand	☐ Finger	☐ Other: (*Describe*)				

Treatment/Action Taken:

☐ None	☐ First Aid Only	☐ Personal Physician	☐ Emergency Room	☐ Admission
☐ Medical Monitoring Only	☐ Other: (*Describe*)			

INVESTIGATION FINDINGS AND CONCLUSION

Casual Factors: Check the events or conditions that contributed to the accident.

☐ Combative Person	☐ Improper Guarding	☐ Inadequate Lighting	☐ Hazardous Storage
☐ Defective Equipment	☐ Inadequate Ventilation	☐ Contact with Irritants	☐ Hazardous Weather
☐ Distraction by Others	☐ Inadequate Warning	☐ Unsafe Surface	☐ Faulty Safety Equipment
☐ Faulty/Poor Design	☐ PPE Not Used	☐ Contact with Toxin	☐ Unsecured Equipment
☐ Hazardous Procedures	☐ Insect/Animal Attack	☐ Poor Housekeeping	☐ Unsafe Procedures
☐ Unauthorized Use	☐ Wrong Tool Used	☐ Inhaled Toxin	☐ Unsafe Speed
☐ Insufficient Training	☐ Improper Apparel	☐ Unsafe Position	☐ Unsafe Posture
☐ Defeated Safety Equipment		☐ Failure to Observe Rules/ Regulations	
☐ Investigation Reveals Accident was Beyond Employee Control		☐ Other:	

Corrective Action(s): *Describe what can be corrected to prevent recurrence of this type of accident.*

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name of Person Responsible for Implementing Corrective Action:

Targeted Date for Completion: / /

Name of Supervisor Completing the Investigation:

Job Title: | Investigation Completed on: / /

☐ First Report of Injury or Illness Forms (IA-1) attached, as well as medical reports pertaining to accident.
☐ There is no First Report of Injury or Illness Forms (IA-1) to attach.

Next steps

Provide completed report and any supporting documentation to agency management.

MANAGEMENT REVIEW AND CERTIFICATION

Agency Management (Name):

☐ Check here once report is verified to be completed accurately. If not, return to supervisor for proper completion and resubmission.

Review Results:

☐ I agree with the recommended corrective action(s).

☐ I DO NOT agree with the recommended corrective action(s).

Instead, I recommend the following:	_____ _____ _____ _____ _____ _____
Date of Corrective Action Completion:	/ /

Next steps

Provide copies to:

- Agency Safety Representative or designee (to be retained in Record Keeping Center/Worksite Safety Files)
- Coordinator, Safety Program (Personnel Cabinet): 501 High Street, 3rd Flr. Frankfort, KY 40601