



# Supervisor's Accident/Incident Report

## Supervisor Only to Complete Report

Please include this form with the Workers' Compensation Claim Packet

**Note to Employer: It has been established that accidents cost the employer directly approximately four times the amount of compensation, liability and medical expenses.**

1. County	City and State	2. Location of Accident
3. Date of Accident	4. Time of Accident	AM PM
5. Name of Injured Employee	6. Date of Hire	
7. What were Injured's Duties?		
8. Fully Describe the Nature of the Accident (below)		

Mark causes of accident below: Accident causes

I. Unsafe Practices

II. Unsafe Condition

**A. Instructions**

- None
- Incomplete
- Not Enforced
- Erroneous

**A. Physical Hazards Incl. Mechanical, Electrical, Steam Chemical Conditions, etc.**

- Ineffectively Guarded
- Unguarded

**B. Ability of Employee**

- Inexperience
- Ignorance
- Unskilled
- Poor Judgment

**B. Housekeeping**

- Improperly Piled or Stored Material
- Congestion

**C. Discipline**

- Disobedience of Rules
- Interference by Others
- Fooling

**C. Equipment**

- Defective Tools
- Defective Machines
- Defect of Misc. Materials & Equipment

**D. Concentration to Job**

- Attention Distracted
- Inattention

**D. Unsafe Conditions**

- Fire Protection
- Floors
- Miscellaneous
- Exits
- Openings
- Weather



I. Unsafe Practices

II. Unsafe Condition

**E. Unsafe Practices**

- Chance Taking
- Short Cuts
- Haste

**E. Poor Working Conditions**

- Poor Ventilation
- Inadequate Sanitation
- Inadequate Light
- Excessive Noise

**F. Temperament**

- Sluggish or Fatigued
- Violent Temper
- Excitability

**F. Workplace Hazards**

- Layout of Operations
- Layout of Machinery
- Unsafe Processes

**G. Physical Condition**

- Fatigued
- Weak
- Taking Medication

**G. Dress or Apparel**

- No Goggles, Gloves, Masks, Etc.
- Unsuitable, Long Sleeves, Etc.
- Shoes/Boots, Defective, Etc.

10. What recommendation can you make to eliminate above cause(s) of accident?

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11. Have you communicated the accident prevention recommendations from #10 to other crew members and supervisors within the county?      Yes      No

12. Did you send injured to first aid room? (If answered "Yes" we assume that you checked up to see that injured employee actually received treatment)      Yes      No

Signature of Supervisor:

Date:

14. My signature below indicates only that I have read and understand the above information, however, my signature does not necessarily indicate agreement with its contents.

Signature of Employee:

Date:

**Comments:**

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