

Supervisor's Accident/Incident Report

Please include this form with the Workers' Compensation Claim Packet

1. County		City and State	2. Location of Accident		
3. Date of Accident		4. Time of Accident		<input checked="" type="radio"/> AM	<input type="radio"/> 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

A. Instructions

- None Not Enforced
 Incomplete Erroneous

B. Ability of Employee

- Inexperience Unskilled
 Ignorance Poor Judgment

C. Discipline

- Disobedience of Rules
 Interference by Others
 Fooling

D. Concentration to Job

- Attention Distracted
 Inattention

II. Unsafe Condition

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

- Ineffectively Guarded
 Unguarded

B. Housekeeping

- Improperly Piled or Stored Material
 Congestion

C. Equipment

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

D. Unsafe Conditions

- Fire Protection Exits
 Floors Openings
 Miscellaneous Weather

I. Unsafe Practices

E. Unsafe Practices

- Chance Taking
- Short Cuts
- Haste

F. Temperament

- Sluggish or Fatigued
- Violent Temper
- Excitability

G. Physical Condition

- Fatigued
- Weak
- Taking Medication

II. Unsafe Condition

E. Poor Working Conditions

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

F. Workplace Hazards

- Layout of Operations
- Layout of Machinery
- Unsafe Processes

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?

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: