SUPERVISOR'S REPORT OF ACCIDENT

The only way to prevent accidents is to **FIND** and **REMOVE** accident causes.
There is always some cause for an accident (unsafe act, unsafe conditions, or both).

Name of Location: ________________________ Date of Report: ____________________ Claim No: _____________________ Date Supervisor Informed: _______________________

NAME OF INJURED EMPLOYEE: ____

JOB TITLE: ___________________________________ DEPARTMENT: ____________________ SEX: F _____ M ____ DATE OF BIRTH: ___________

LENGTH OF EMPLOYMENT: DATE OF HIRE ________________ IN THE DEPT. ___________ SUPERVISOR ______________________________________

PREVIOUS HISTORY: ____

PHYSICAL DISABILITIES ____

DATE OF INJURY: _______________ HOUR: ______AM _______ PM ______ DEPT. WHERE INJURED: ____

EXACT LOCATION: ____

WITNESSES: ____

TREATMENT: 1. ☐ FIRST AID 2. ☐ NURSE 3. ☐ DOCTOR 4. ☐ HOSPITAL 5. ☐ OTHER THAN FIRST AID, DUE TO DELAYED MEDICAL TREATMENT

DAYS LOST: YES ☐ NO ☐ ESTIMATED NO. ______________________

MARK APPROPRIATE DESCRIPTION WITH AN "X"

NATURE OF INJURY

1. ☐ CUT
2. ☐ BRUISES AND CONTUSIONS
3. ☐ STRAIN OR SPRAIN
4. ☐ FRACTURE
5. ☐ BURN (HEAT)
6. ☐ BURN (CHEMICAL)
7. ☐ FRACTURE
8. ☐ AMPUTATION
9. ☐ PUNCTURE
10. ☐ HERNIA
11. ☐ GANGLION
12. ☐ ABRASIONS
13. ☐ DERMATITIS
14. ☐ IRRITATION
15. ☐ POISONING (INCLUDING INSECT & REPTILE BITES)
16. ☐ ASPHYXIA
17. ☐ CONCUSSION
18. ☐ DISLOCATION
19. ☐ ELECTRIC SHOCK
20. ☐ HEARING LOSS
21. ☐ HEAT EXHAUSTION
22. ☐ MULTIPLE
23. ☐ FREEZING
24. ☐ OTHER

BODY PART

HEAD & NECK

1. ☐ HEAD
2. ☐ SCALP-SKULL
3. ☐ EYES
4. ☐ EARS
5. ☐ NOSE
6. ☐ FACE
7. ☐ MOUTH-TEETH
8. ☐ JAW
9. ☐ NECK
10. ☐ BRAIN

UPPER EXTREMITIES

11. ☐ SHOULDER
12. ☐ UPPER ARM
13. ☐ ELBOW
14. ☐ FOREARM
15. ☐ WRIST
16. ☐ HAND
17. ☐ FINGERS & THUMBS
18. ☐ MULTIPLE-UPPER EXTREMITIES

BODY

19. ☐ BACK
20. ☐ CHEST-INCLUDING INTERNAL ORGANS
21. ☐ ABDOMEN-INCLUDING INTERNAL ORGANS
22. ☐ GROIN
23. ☐ BODY-MULTIPLE

LOWER EXTREMITIES

24. ☐ HIPS
25. ☐ THIGH
26. ☐ KNEE
27. ☐ LOWER LEG
28. ☐ ANKLE
29. ☐ FEET
30. ☐ TOES
31. ☐ MULTIPLE-LOWER EXTREMITIES
32. ☐ OTHER_____________
33. ☐ MULTIPLE PARTS

ACCIDENT TYPE

1. ☐ CONTACT WITH
2. ☐ CAUGHT IN
3. ☐ CAUGHT BETWEEN
4. ☐ CAUGHT BY
5. ☐ STRUCK AGAINST (ROUGH OR SHARP OBJECTS, SURFACE, ETC. EXCLUSIVE OF FALLS)
6. ☐ STRUCK BY FALLING OBJECT
7. ☐ STRUCK BY SLIDING, ROLLING OR OTHER MOVING OBJECTS
8. ☐ INHALATION, INGESTION, ETC.
9. ☐ FALL ON SAME LEVEL
10. ☐ FALL TO DIFFERENT LEVEL
11. ☐ SLIP (NOT A FALL)
12. ☐ UPSET
13. ☐ LIFTING
14. ☐ OVEREXERTION
15. ☐ HANDLING
16. ☐ EXPLOSION
17. ☐ OTHER

AGENCY OF ACCIDENT

1. ☐ MACHINE
2. ☐ VEHICLE
3. ☐ HAND TOOLS
4. ☐ FOREIGN BODY
5. ☐ CHEMICALS
6. ☐ LADDER OR SCAFFOLD
7. ☐ ELECTRICAL APPARATUS
8. ☐ BOILERS & PRESSURE VESSELS
9. ☐ FLOORS OR LEVEL SURFACES
10. ☐ STAIRS, STEPS, OR PLATFORMS
11. ☐ BUILDING (DOOR, PILLAR WALL, WINDOW, ETC.)
12. ☐ MANLIFT
13. ☐ ELEVATORS (PASSENGER AND FREIGHT)
14. ☐ HOIST AND CRANES
15. ☐ CONVEYORS (CHUTES, BELTS, GRAVITY)
16. ☐ MATERIAL HANDLED (PAPER, ROLLS, ETC.)
17. ☐ PALLETS
18. ☐ HOT MATERIAL
19. ☐ WELDING EQUIPMENT
20. ☐ OTHER

DESCRIBE ACCIDENT: (INCLUDE THE MACHINE, OBJECT, OR SUBSTANCE INVOLVED – ALL DETAILS. USE ATTACHED SHEET, IF NECESSARY)

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MARK BASIC CAUSE WITH AN "X" AND CONTRIBUTING CAUSES, IF ANY, WITH AN "O"

UNSAFE ACT:
1. ☐ VIOLATION OF A SAFETY RULE
2. ☐ HORSEPLAY, DISTRACTING, TEASING
3. ☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES
4. ☐ OPERATING WITHOUT AUTHORITY
5. ☐ OPERATING AT UNSAFE SPEED
6. ☐ USING DEFECTIVE EQUIPMENT
7. ☐ USING EQUIPMENT, TOOLS, ETC. UNSAFELY
8. ☐ UNSAFE HANDLING (LIFTING, CARRYING, ETC.)
9. ☐ MAKE SAFETY DEVICES INOPERATIVE
10. ☐ FAILURE TO WARN OR SECURE
11. ☐ WORKING ON MOVING EQUIPMENT
12. ☐ POOR HOUSEKEEPING
13. ☐ OTHERS

☐ NO UNSAFE ACTS

UNSAFE CONDITIONS:
1. ☐ INADEQUATELY GUARDED
2. ☐ UNGUARDED
3. ☐ GUARD NOT REPLACED
4. ☐ DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE
5. ☐ UNSAFE DESIGN OR CONSTRUCTION
6. ☐ HAZARDOUS ARRANGEMENT
7. ☐ IMPROPER ILLUMINATION
8. ☐ IMPROPER VENTILATION
9. ☐ IMPROPER DRESS
10. ☐ CONGESTED AREA
11. ☐ CLIMATE (WINDBLOWN OBJECTS)
12. ☐ POOR HOUSEKEEPING
13. ☐ OTHERS

☐ NO UNSAFE CONDITIONS

OTHER CONTRIBUTING FACTORS:
1. ☐ FAILURE TO FOLLOW DIRECTIONS
2. ☐ LACK OF KNOWLEDGE OR SKILL
3. ☐ FAILURE TO GET PROMPT MEDICAL ATTENTION
4. ☐ ACT OF OTHER THAN INJURED
5. ☐ BODILY DEFECT
6. ☐ OTHERS

WHY WAS THE UNSAFE ACT COMMITTED? (INADEQUATE TRAINING, HASTE, ETC.): ______________________________

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WHY DID THE UNSAFE CONDITION EXIST? (POOR WORK HABITS, ETC.): ______________________________

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BASED ON THE CAUSE CHECKED, INDICATE BELOW ACTION YOU ARE TAKING:

UNSAFE ACTS:
1. ☐ STOP THE WORKER
2. ☐ STUDY THE JOB
3. ☐ INSTRUCT (TELL-SHOW-TRY-CHECK)
4. ☐ FOLLOW-UP
5. ☐ ENFORCE
6. ☐ OTHER (INDICATE)

UNSAFE CONDITIONS:
1. ☐ REMOVE 2. ☐ GUARD 3. ☐ WARN
4. ☐ IF SUPERVISOR CAN'T HANDLE, THEN RECOMMENDED TO:
   - A.☐ OWN SUPERVISOR
   - B.☐ SAFETY COMMITTEE
   - C.☐ MAINTENANCE DEPARTMENT
   - D.☐ OTHER (INDICATE)
5. ☐ FOLLOW-UP

EVALUATION

LOSS SEVERITY POTENTIAL: ☐ MAJOR ☐ SERIOUS ☐ MINOR

PROBABLE RECURRENCE RATE: ☐ FREQUENT ☐OCCASIONAL ☐ RARE

WHAT COULD YOU HAVE DONE TO HAVE PREVENTED THIS ACCIDENT?

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WHAT ARE YOU ACTUALLY DOING TO PREVENT A SIMILAR ACCIDENT? ______________________________

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IMMEDIATE SUPERVISOR: ______________________________ SAFETY REPRESENTATIVE: ______________________________
INJURED EMPLOYEE: ______________________________ SUPERINTENDENT: ______________________________

SAFETY OFFICE – FILL OUT COMPLETELY

HOME ADDRESS: ______________________________ ZIP CODE: ___________ TELEPHONE: ____________
PHYSICIAN: ______________________ ADDRESS: ______________________ ZIP CODE: ___________ TELEPHONE: ____________
HOSPITAL: ______________________ ADDRESS: ______________________ ZIP CODE: ___________ TELEPHONE: ____________
TOTAL DAYS LOST: _______________ THIS ACCIDENT WAS PRIMARILY A RESULT OF AN UNSAFE ACT __________ UNSAFE CONDITION ________