

Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Location where accident occurred?

Employer's Premises:	
Yes	No

Who was injured?

Job Site:	
Yes	No

Date of accident or illness

Time of Accident

a.m.

p.m.

Employee
Non-Employee

Length of time with firm

Job title or occupation

Name of dept. normally assigned to

How long has employee worked at job where injury or illness occurred?

What property/equipment was damaged?

Property/equipment owned by:

What was employee doing when injury/illness occurred? What machine or tool was being used?
What type of operation?

How did injury/illness occur? List all objects and substances involved.

Part of body affected/injured?

Any prior physical conditions?

If so, what?

Yes

No

Nature and extent of injury/illness and property. (Be Specific)

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

Improper Instruction

Failure to Secure

Poor Housekeeping

Inoperative Safety Device

Lack of Training or Skill

Failure to Lockout

Unsafe Arrangement or Process

Unsafe Position

Operating Without Authority

Improper Dress

Poor Ventilation

Other

Horseplay

Improper Protective Equipment

Improper Guarding

Physical or Mental Impairment

Unsafe Equipment

Improper Maintenance

Supervisor's corrective action to ensure this type of accident does not recur:

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedure?

Yes

No

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures?

Yes

No

Did employee promptly report the injury/illness?

Yes

No

Is there modified duty available?

Yes

No

If you are submitting this form via email, be sure to print the PDF before submitting or save the PDF to your files. You may be asked to provide this completed document in print form by Burdg-Dunham at a later date.

Supervisor's Name

Supervisor's Signature

Phone #

Date

Burdg-Dunham does accept digital signature. By typing in your name in the Signature field of this form and submitting via email, your signature provided in the data submitted will be considered legally binding.