

SUPERVISOR'S INVESTIGATION REPORT

COMPANY _____

LOCATION OF ACCIDENT _____

ACCIDENT DATE _____ TIME _____ SHIFT _____

NAME OF INJURED _____

INJURED'S OCCUPATION/JOB _____ INJURED'S DEPARTMENT _____

Description of Accident	Where accident occurred; what task was being performed.
Accident's Cause(s) (Direct and/or Underlying)	Why did the accident occur?
Corrective Action Required	What actions are required to prevent a recurrence of the accident? (What should be done immediately?) (What future actions are needed?)
Schedule for Corrective Action	How, when and by whom should corrective action be taken?
Referred to for corrective action:	Target date for completion:

Supervisor signature _____ Date of Report _____