

## **Direct Supervisor Report**

Please check which scenario applies to the event under investigation:

**Accident:** resulted in injury and / or property damage

**Incident:** an unplanned, undesired event that affects the completion of a task

**Near Miss:** no injury or property damage occurred, however, a slight shift in time or position could have resulted in either an injury or property damage

*Name of Employees involved:*

*Name of Witness (es):*

*Date and time of event:*

*Location of event:*

*Provide a brief description of the event:*

Was the fire or police department called? Yes? No?

Was the Company's emergency response plan followed? Yes? No?

If investigating an **accident**:

Was the injury reported to the Supervisor within 24 hours? Yes? No?



Did the injured employee receive medical treatment? Yes? No?

Did the injured employee return to work? Yes? No?

Was the injured employee hospitalized? Yes? No?

Did the accident cause a death? Yes? No?

What could have been done to prevent this event?



Have unsafe conditions been corrected? Yes? No?

If so, what steps have been taken to secure the event site?

Does additional action need to be taken to secure the event site?

Has training or retraining been provided to reduce the chances of a similar event from occurring?



Question	Yes	No
1. Did the injury occur at a time and place where the employee would reasonably be expected to be?		
2. Was there a casual relationship between the injury and the duties of the employee?		
3. Was there a "significant deviation" from employment?		
4. Was the employee going to or coming from work at the time of the injury?		
5. Was there an assault by a co-employee?		
6. Did the injury involve horseplay?		

	Yes	No
7. Was the employee attending to personal needs at the time of injury?		
8. Did the injury occur in the company parking lot?		
9. Is the injury heat related?		
10. Did the injury occur during a lunch or break period?		
11. Was the employee involved in a company sponsored recreational activity at the time of injury?		
12. Did the injury occur at an employee party?		
13. Did the injury occur while the employee was traveling on company business?		
14. Did the injury occur outside of regularly scheduled work hours?		

Please provide additional details for all questions answered "Yes" (Use separate paper, if necessary)



Employer or Supervisor's signature:

Date: