

SUPERVISOR'S REPORT OF AN ACCIDENT

Name of Injured Employee: _____ Date of Report _____

Age	Length of Employment At plant _____ On job _____	Department	Section
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<input type="checkbox"/> Head	<input type="checkbox"/> Hands	<input type="checkbox"/> Wounds	<input type="checkbox"/> Amputation	<input type="checkbox"/> Death	<input type="checkbox"/> Lost Time
<input type="checkbox"/> Eyes	<input type="checkbox"/> Legs	<input type="checkbox"/> Strain & Sprain	<input type="checkbox"/> Burns	<input type="checkbox"/> First Aid Only	
<input type="checkbox"/> Trunk	<input type="checkbox"/> Toes	<input type="checkbox"/> Hernia	<input type="checkbox"/> Foreign Body		
<input type="checkbox"/> Arms	<input type="checkbox"/> Internal	<input type="checkbox"/> Fracture	<input type="checkbox"/> Skin (occupational)	<input type="checkbox"/> Due to Delayed Medical Treatment	
Remarks: _____		Remarks: _____		Remarks: _____	

Date of Injury	Hour	Department	Exact Location
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Eyewitnesses _____

Describe accident: Include the machine, equipment, object or substance involved All Details Use back space if necessary

CAUSE: Mark basic cause Mark contributing cause, if any

UNSAFE CONDITIONS

- 1 Inadequately Guarded
- 2 Unguarded
- 3 Defective Tools, Equipment, or Substance
- 4 Unsafe Design or Construction
- 5 Hazardous Arrangement
- 6 Unsafe Illumination
- 7 Unsafe Ventilation
- 8 Unsafe Clothing
- 9 Insufficient Instruction

UNSAFE ACTS

- 1 Operating Without Authority
- 2 Operating at Unsafe Speed
- 3 Making Safety Devices Inoperative
- 4 Using Unsafe Equipment or Equipment Unsafely
- 5 Unsafe Loading, Placing, Mixing
- 6 Taking Unsafe Position
- 7 Working on Moving or Dangerous Equipment
- 8 Distraction, Teasing, Horse Play
- 9 Failure to use Personal Protective Devices

Why was the unsafe act committed? _____ Why did the unsafe condition exist? _____

Any physical disabilities? _____

Number of previous disabling injuries _____

GUIDES TO CORRECTIVE ACTION

Based on the cause checked above, I am taking the following corrective action:

UNSAFE ACT

- 1 Stop the Behavior
- 2 Study the Job
- 3 Instruct (tell--show--try--check)
- 4 Follow Up
- 5 Enforce

UNSAFE CONDITION

- 1 Remove
- 2 Guard
- 3 Warn
- 4 Supervisory Training

If Supervisor Can't Handle, Then

- 5 Recommend To: (a) Own Boss, OR
 (b) Safety Committee, OR
 (c) Maintenance Dept., OR
 (d) _____
- 6 Follow Up

What I am actually doing to prevent similar injuries _____

What further recommendations? _____

SIGNATURES

Immediate Supervisor or Foreman

Received by Plant Manager or Superintendent

1. Describe the accident in your own words just as you saw it happen. Describe the surroundings or setting before the accident and the position of the injured party in relation to the surroundings, then describe the steps in proper sequence leading to the accident that happened. If possible attach a picture or make a drawing.

2. Describe any near accidents you have observed in the past week.

3. Report any unsafe procedures you have observed in the past week. (Physical hazards are classed as unsafe procedures as well as human acts.)