**On-Site Supervisor’s Accident Investigation Report**

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| --- | --- | --- | --- | --- |
| Employee Name | | | Client Name | |
| Client Address | City | | State | ZIP |
| Date of Injury | | | Time | |
| Description of accident (continue of separate sheet if necessary): | | | | |
|  | | | | |
|  | | | | |
| Has the employee lost any time from work after the injury?  Yes  No | | | | |
| Specify lost dates/hours: | | | | |
| What injury did the employee sustain? | | | | |
| Where did the accident occur? | | | | |
| Was personal protective equipment (PPE) required?  Yes  No | | | | |
| Was it provided?  Yes  No | | | | |
| Was it being utilized?  Yes  No | | | | |
| Explain: | | | | |
|  | | | | |
|  | | | | |
| Were safety rules followed?  Yes  No | | | | |
| Explain: | | | | |
|  | | | | |
| Was the employee ever warned about unsafe work habits?  Yes  No | | | | |
| If yes, explain: | | | | |
|  | | | | |
| What was the primary cause of the accident? | | | | |
|  | | | | |
| What corrective action is necessary to prevent a recurrence? | | | | |
|  | | | | |
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|  | | | | |
| Was the accident witnessed?  Yes  No | | | | |
| List Witnesses below: | | | | |
| #1 Name | | Home Telephone # (   ) | | |
| #2 Name | | Home Telephone # (   ) | | |
| #3 Name | | Home Telephone # (   ) | | |

Signature of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers’ compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.*