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

|  |  |
| --- | --- |
| 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?       |
|       |
|       |
|       |
| 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.*