



Supervisor's Accident Report

Injured Employee Name: _____

Injured Employee Contact Info: _____

Position & Department: _____

Supervisor Name & Title: _____

Supervisor Contact Info: _____

Location of Accident: _____

Date of Accident: _____ Time: _____ Date Supervisor Notified: _____ Time: _____

Was employee on duty at the time of accident? YES NO

Did employee leave work? YES NO Date: _____ Time Out: _____

Did employee return to work? YES NO Date: _____ Time In: _____

How did the incident happen? (State specific job being done, machinery, tools, or objects involved and factors contributing to the incident):

Nature of Injury: _____

Part of Body Injured: _____

Name of Treating Physician or Hospital: _____

Was the accident caused by faulty equipment? YES NO

Was the accident caused by someone outside of ISU? YES NO

If yes, identify and explain: _____

Were protective gear or other safeguards provided and/or used? YES NO

Explain: _____

Did anyone witness the incident? YES NO If yes, identify: _____

What corrective action has been taken to prevent similar accidents? _____

Injured Employee Signature Date Supervisor Signature Date