

Supervisor's Accident Investigation Form

Attention: This form contains private health information. It is intended to be used for the purpose of analyzing how occupational injuries and illnesses occur, how they could have been prevented, and what if any remedial action may be taken. Unless otherwise provided by Lyon County policy, applicable law, or a duly issued subpoena or court order, the information contained in this form is confidential and shall not be shared with anyone who does not have a need to know in connection with the process identified above.

Name of Injured Person _____

Job Title _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

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Names of all witnesses:

Date of Event _____ Time of Event _____

Exact location of event: _____

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Doctor's Name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

5. Additional questions relating to the cause of the incident:

Was the incident a result of violation of established safety policies? Yes No

If yes, identify the policies and explain:

Has the employee received training to perform this procedure safely? Yes No

If no, explain:

Was adequate personal protective equipment provided for the required tasks? Yes No

If no, explain:

Are changes necessary in the operations or procedures to prevent this type of incident in the future? Yes No

If yes, explain:

Discuss any additional policies, personal factors, and environmental factors that led to hazardous conditions or unsafe acts:

Recommendations for corrective action(s):

Person(s) responsible for corrective action(s) and timeframe for completion:

Referral to Safety Committee? Y ___ / N ____

Note: Incidents should be referred to the Safety Committee if they involve serious injuries, unsafe practices, inadequate policies, complex issues, or other circumstances for which the Committee's deliberation would be appropriate.

Investigator Signature(s): _____

Date: _____