



<p>ACCIDENT/INCIDENT INVESTIGATION REPORT/SUPERVISOR STATEMENT</p>

EMPLOYEE INFORMATION

INJURED EMPLOYEE NAME	INJURED EMPLOYEE JOB TITLE	DEPARTMENT	DATE OF HIRE

PHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX

DATE AND TIME OF INCIDENT	DATE AND TIME REPORTED

WITNESSES

NAME	PHONE	ADDRESS

ACCIDENT INFORMATION

WHERE DID THE ACCIDENT OCCUR? PLEASE PROVIDE ADDRESS			
DESCRIPTION OF INCIDENT IN DETAIL			
DESCRIPTION OF INJURY IN DETAIL			
PART OF BODY INJURED			
HAVE YOU EVER INJURED THIS BODY PART BEFORE?		IF SO, WHEN AND WHERE?	
TYPE OF EQUIPMENT IN USE AT TIME OF INCIDENT		USING SAFETY EQUIPMENT?	
PRINT NAME		SIGNATURE	
PHONE NUMBER		DATE	
EMAIL ADDRESS			