



SUPERVISOR'S SAFETY / INVESTIGATION REPORT

Name of Injured Employee:			Date of Report	
Age	Length of Employment	Department	Name of Supervisor Completing Report & Title	
<input type="checkbox"/> Head	<input type="checkbox"/> Hands	<input type="checkbox"/> Wounds	<input type="checkbox"/> Amputation	<input type="checkbox"/> Death
<input type="checkbox"/> Eyes	<input type="checkbox"/> Legs	<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Burns	<input type="checkbox"/> First Aid Only
<input type="checkbox"/> Trunk	<input type="checkbox"/> Toes	<input type="checkbox"/> Hernia	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Lost Time
<input type="checkbox"/> Arms	<input type="checkbox"/> Internal	<input type="checkbox"/> Fracture	<input type="checkbox"/> Skin (Occupational)	<input type="checkbox"/> Due to delayed medical treatment

*Please mark all of the above that apply to the injury

REMARKS:

Date of Injury	Hour	Exact Location	Witnesses
Describe Accident: Include the machine, equipment, object or substance involved... all detail... use back if necessary.			

CAUSE: Mark basic cause with an "X" Mark contributing cause, if any, with a "/"

<p>UNSAFE CONDITIONS</p> <input type="checkbox"/> Inadequately guarded <input type="checkbox"/> Unguarded <input type="checkbox"/> Defective Tools, Equipment, or Substance <input type="checkbox"/> Unsafe Design or Construction Hazardous Arrangement <input type="checkbox"/> Unsafe Illumination <input type="checkbox"/> Unsafe Ventilation <input type="checkbox"/> Unsafe Clothing <input type="checkbox"/> Insufficient Instruction	<p>UNSAFE ACTS</p> <input type="checkbox"/> Operating without authority <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Making safety devices inoperative <input type="checkbox"/> Using unsafe equipment or equipment unsafely <input type="checkbox"/> Unsafe loading, placing, mixing <input type="checkbox"/> Taking unsafe position <input type="checkbox"/> Working on moving or dangerous equipment <input type="checkbox"/> Distraction, teasing, horse play <input type="checkbox"/> Failure to use personal protective devices
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Any Physical Disabilities? _____

Number of Previous Disabling Injuries _____

Based on the Cause marked above, I am taking the following corrective action:

<p>Unsafe Act</p> <input type="checkbox"/> Stop the Worker <input type="checkbox"/> Study the Job <input type="checkbox"/> Instruct <input type="checkbox"/> Follow Up <input type="checkbox"/> Enforce	<p>Unsafe Condition</p> <input type="checkbox"/> Remove <input type="checkbox"/> Guard <input type="checkbox"/> Warn <input type="checkbox"/> Supervisory Training	<p>If Supervisor can't handle, then recommend to:</p> <input type="checkbox"/> Own Boss, or <input type="checkbox"/> Safety Committee, or <input type="checkbox"/> Maintenance Dept., or <input type="checkbox"/> Other
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Signature: _____