

TOWN OF EMERALD ISLE
SUPERVISOR'S ACCIDENT INVESTIGATION FORM

Name of injured Employee _____ Date of Birth _____

Address _____
Box Street City State Zip

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

Describe fully how the accident happened. What was the employee doing prior to the event? _____

What equipment , tools were being used? _____

Name of all witnesses:

Name: _____ Job Title: _____ Phone: _____

Date of the Event: _____ Time of Event: _____

Exact Location of the event: _____

What caused the event? _____

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

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Has this employee received training in the prevention of this type of accident/injury? _____

Describe any equipment damage/estimate cost: _____

Check all that apply to this accident:

UNSAFE ACTS

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Improper Work Technique |
| <input type="checkbox"/> | Safety Rule Violation |
| <input type="checkbox"/> | Improper PPE or PPE not used |
| <input type="checkbox"/> | Operating without authority |
| <input type="checkbox"/> | Failure to warn or secure |
| <input type="checkbox"/> | operating at improper speeds |
| <input type="checkbox"/> | By-Passing safety devices |
| <input type="checkbox"/> | Protective equipment not in use |
| <input type="checkbox"/> | Improper loading or placement |
| <input type="checkbox"/> | Improper Lifting |
| <input type="checkbox"/> | Servicing machinery in motion |
| <input type="checkbox"/> | Horseplay |
| <input type="checkbox"/> | Drug or Alcohol use |

UNSAFE CONDITIONS

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Poor Workstation design |
| <input type="checkbox"/> | Unsafe Operation Method |
| <input type="checkbox"/> | Improper Maintenance |
| <input type="checkbox"/> | Lack of direct supervision |
| <input type="checkbox"/> | Insufficient Training |
| <input type="checkbox"/> | Lack of experience |
| <input type="checkbox"/> | Insufficient knowledge of job |
| <input type="checkbox"/> | Slippery Conditions |
| <input type="checkbox"/> | Excessive noise |
| <input type="checkbox"/> | Inadequate guarding of hazards |
| <input type="checkbox"/> | Defective tools/equipment |
| <input type="checkbox"/> | Poor housekeeping |
| <input type="checkbox"/> | Insufficient Lighting |

Unsafe Acts require a written warning and re-training before the employee resumes work

Additional Notes or Comments