

SUPERVISOR INCIDENT AND/OR ACCIDENT INVESTIGATION

Injured Employee: _____ **Position:** _____

Date of Injury: _____ **Location:** _____

Time: _____ **Witnesses:** _____

Time Work Began: _____ **Last Day Worked:** _____

Incident and/or Accident Details:

Employee Description of Incident: _____

Supervisor Description of Incident: _____

Root Cause: _____

Recommendations: _____

Supervisor

Department

Date