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SEC

SAFETY ENGINEERING
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SUPERVISOR ACCIDENT INVESTIGATION REPORT

Supervisor Name: _____

Work Number: _____

Alternate Number: _____

Job Title: _____

Department: _____

Identify the Employee Involved in the Accident: _____

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

Did the employee report the accident to you? Yes _____ No _____

If no, who reported the accident to you? _____

When did the employee report the accident to you? _____

What was reported to you about the accident? _____

Did the injured employee receive first aid? Yes _____ No _____

Was injury report or first aid delayed? Yes _____ No _____

If yes, why? _____

Was the employee referred for outside medical treatment? Yes _____ No _____

If so, where? _____

Was the employee provided a workers' comp panel? Yes _____ No _____

List Any Witnesses: _____

Was corrective action required? Yes _____ No _____

If yes, what correction action was taken? _____

Supervisor Signature _____

Date _____

Please submit all paperwork via fax or email after reporting claim online.