Kentucky Safety Program

Supervisor's Accident Investigation Report

Section I: Employee Information

Employee: _____ Job Title: _____

Cabinet: _____ Department: _____

Division / Facility / Location: _____

Length of Employment: ☐ Less than 1 mo. ☐ 1-6 mos. ☐ 6 mos.-5 yrs ☐ Over 5 yrs.

Time in Current Job: ☐ Less than 1 mo. ☐ 1-6 mos. ☐ 6 mos.-5 yrs ☐ Over 5 yrs.

Section II: Accident Description

Include Date/Time of occurrence, describe what happened, Task being performed, Object(s) involved.
PLEASE BE SPECIFIC:

Section III: Injury Information

☐ Abrasion	☐ Contusion	☐ Laceration	☐ Puncture	☐ Heat	☐ Avulsion
☐ Burn	☐ Dermatitis	☐ Foreign Body	☐ Fracture	☐ Cold	☐ Radiation
☐ Inhalation	☐ Absorption	☐ Ingestion	☐ Injection	☐ Sprain	☐ Strain
☐ Loss of Consciousness		☐ Cumulative Trauma Disorder		☐ Other:	

Section IV: Severity

☐ None ☐ Fatality ☐ Lost Time ☐ Restricted Activity/Duty ☐ Job Transfer

Section V: Body Parts

☐ Head	☐ Face	☐ Neck	☐ Shoulder	☐ Toe	☐ Eye	☐ Back
☐ Leg	☐ Knee	☐ Ankle	☐ Foot	☐ Chest	☐ Ear	☐ Arm
☐ Hand	☐ Finger	☐ Other:	Describe:			

Section VI: Treatment / Action Taken

☐ None ☐ First Aid Only ☐ Personal Physician ☐ Emergency Room ☐ Admission

☐ Medical Monitoring Only ☐ Other: *(Describe)* _____

Section VII: Causal Factors

☐ Combative Person	☐ Improper Guarding	☐ Inadequate Lighting	☐ Hazardous Storage
☐ Defective Equipment	☐ Inadequate Ventilation	☐ Contact w/ Irritants	☐ Hazardous Weather
☐ Distraction by Others	☐ Inadequate Warning	☐ Unsafe Surface	☐ Faulty Safety Equip.
☐ Faulty / Poor Design	☐ PPE Not Used	☐ Contact w/ Toxin	☐ Unsecured Equip.
☐ Hazardous Procedures	☐ Insect/Animal Attack	☐ Poor Housekeeping	☐ Unsafe Procedures
☐ Unauthorized Use	☐ Wrong Tool Used	☐ Inhaled Toxin	☐ Unsafe Speed
☐ Insufficient Training	☐ Improper Apparel	☐ Unsafe Position	☐ Unsafe Posture
☐ Defeated Safety Equip.	☐ Failure to Observe Rules / Regulations		

☐ Investigation Reveals Accident was Beyond Employee Control ☐ Other: _____

Section VIII: Action(s) Taken to Prevent Recurrence

_____ _____ _____

Supervisor Title: Date

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