FOR INTERNAL USE ONLY

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION

(SHOULD BE COMPLETED WITHIN 24 HOURS OF ACCIDENT)

1. **NAME OF EMPLOYEE**: _____

2. **DEPARTMENT:** _____

3. **DATE/LOCATION OF ACCIDENT**: _____
   TIME:_____ A.M. P.M. **(CIRCLE ONE)**

4. **WITNESSES**:
   a:_____ b:_____

5. **BRIEFLY DESCRIBE ACCIDENT AND NATURE OF INJURY**:

_____

_____

6. **ACCIDENT CAUSES (CHECK ALL THAT APPLY)**

PHYSICAL CAUSES
__ Defective/improper tools or equipment
__ Poor housekeeping (trash, slippery floor, etc)
__ Unguarded/improperly guarded equipment
__ Congested area
__ Unstable/Improper piling or acreage
__ Improper apparel
__ Improper light, ventilation, temp, etc.
__ External security doors, window, alarms, etc.
__ Other (describe) _____

PERSONAL CAUSES
__ Not properly trained/instructed
__ Failure to use personal protective equipment
__ Failure to follow rules or instructions
__ Using improper/defective tools or equipment
__ Horseplay
__ Using improper methods/procedures
__ Operating without authority
__ Physical limitations of work
__ Other (describe) _____
If any Personal Causes are checked, explain why
_____
_____

7. **SIGNATURES**: **PREPARED BY**: _____
(Supervisor)
REVIEWED BY: _____
(Person Responsible for Safety)
_____
(Manager)

8. **FOLLOW UP**: What **HAS** been done to prevent recurrence of this type accident?
(Follow up within 30 days of accident, check progress at 30 day intervals until complete.)

_____

_____

SIGNATURES:: _____
(Person Responsible for Safety)
_____
(Manager)
DATE: _____

NOTE: Record any additional information, diagrams, photos, etc. on reverse side of form.

SERVICE LLOYDS INSURANCE COMPANY