



SUPERVISORS' ACCIDENT INVESTIGATION REPORT

Who	Injured Person: Department:	
	Occupation (check one): Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/>	
What	Nature/Extent of Injuries or Property Damage:	
When	Date and Time of Accident:	Reported to Safety & Security
		Reported to Supervisor
Where	Exact Location Where Accident Happened (Building & Room Number):	
How	Description of Accident (Detail what employee was doing, how he/she was doing it, and what physical objects, tools, materials, chemicals, machines, structures or equipment were involved)	
	Was employee doing something other than required duties at time of accident? If so, what and why.	
Why	Why did this accident happen? Describe everything that contributed to the accident.	
Prevention	What should be done to prevent recurrence of this type of accident? By whom?	
Filed by	Name:	Date:
	Email:	Supervisor: