

TEMPLE ISD SUPERVISOR'S REPORT OF ACCIDENT

Supervisor's Name: _____

Basic Rules for Accident Investigation:

- Close off the accident scene if it is hazardous.
- Do not allow general access to it until the site is safe again.
- Contact Jane Hays and any other necessary person or agency.
- Do not remove anything related to the accident until an investigation has been completed.
- Ensure hazardous conditions are corrected immediately after investigation is completed.

Injured Name(s): _____

Accident Date: _____

Resulted In: Injury Death

Accident Time: _____

Minor Injury Not Requiring Treatment

Campus/Department: _____

Site Location: _____

Employee Began Work: AM PM

Employee Left Work ; AM PM

Employee's Usual Work Day: AM PM

Number of Days Worked Weekly: _____

Employee Received Treatment: Yes No

Where: _____

Employee Returned To Work After Accident:

Did Not Leave Work Same Day

Employee Returned To Work:

Date: _____ Time: _____

Tasks Performed At Time Of Accident: _____

Witness Name(s): _____

Describe Accident Facts & Events: _____

Supervisor's Root Cause Analysis *(Check all that apply to this accident)*

Unsafe Acts

- Improper work technique
- Safety rule violation
- Improper PPE or PPE not used
- Operating without authority
- Failure to warn or secure
- Operating at improper speeds
- By-passing safety devices
- Protective equipment not in use
- Improper loading or placement
- Improper lifting
- Servicing machinery in motion
- Horseplay
- Drug or alcohol use
- Other

Unsafe Conditions

- Poor workstation design
- Unsafe Operation method
- Improper maintenance
- Lack of direct supervision
- Insufficient training
- Lack of experience
- Insufficient knowledge of job
- Slippery conditions
- Excessive noise
- Inadequate guarding of hazards
- Defective tools/equipment
- Poor housekeeping
- Insufficient lighting
- Other

Unsafe Acts require a written warning and retraining before the employee resumes work

- Retraining assigned
- Retraining completed
- Unsafe condition guarded or closed off
- Unsafe condition corrected

What Actions Have Been Taken To Prevent Reoccurrence: _____

Supervisor: _____ Date: _____

Accident Report Reviewed By: _____

Title: _____ Date: _____