



**SUPERVISORS  
INVESTIGATION REPORT**

INJURED EMPLOYEE'S NAME \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

SUPERVISORS NAME \_\_\_\_\_

**FORMS COMPLETED CHECKLIST**

- ☐ FIRST REPORT OF INJURY      DATE \_\_\_\_\_
- ☐ ACCIDENT/INCIDENT REPORT      DATE \_\_\_\_\_
- ☐ MEDICAL RELEASE SIGNED      DATE \_\_\_\_\_
- ☐ WITNESS STATEMENTS      DATE \_\_\_\_\_
- ☐ DRUG/ALCOHOL TEST DONE      DATE \_\_\_\_\_
- ☐ OTHER      DATE \_\_\_\_\_

**SUPERVISOR'S STATEMENT**

1. Indicate how you were initially notified about the accident?

- ☐ injured worker    ☐ you saw accident    ☐ phone call    ☐ another employee  
☐ other    Explain \_\_\_\_\_

2. When were you notified?    Date \_\_\_\_\_    Time \_\_\_\_\_    AM PM

3    Write down statements/facts given to you about the injury and from whom?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4    Corrective measures to be taken to prevent recurrence.

\_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RECORD ACCIDENT IN THE OSHA LOG**