



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