



DESCRIPTION OF INJURY:

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CAUSE OF INJURY:

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TYPE OF EQUIPMENT EMPLOYEE WAS USING:

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INJURED EMPLOYEES DESCRIPTION OF ACCIDENT:

(including circumstances leading up to the accident)

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NUMBER OF LOST WORK DAYS: \_\_\_\_\_

**SUPERVISORS EVALUATION:**

Has a similar accident of injury happened before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

Did you know that the employee was doing this job when the accident or injury occurred?

Yes \_\_\_\_\_ No \_\_\_\_\_

Should the employee be doing this job? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the employee trained to do this job? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the employee doing the job correctly when the accident/injury occurred?

Yes \_\_\_\_\_ No \_\_\_\_\_

Were the conditions and/or equipment efficient and safe? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the employee done the job correctly in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the employee ever been corrected or restrained because he/she did the job incorrectly?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did any obstacles keep the employee from doing the job safely?

Conflicting procedures: Yes \_\_\_\_\_ No \_\_\_\_\_

Conflicting orders: Yes \_\_\_\_\_ No \_\_\_\_\_

Lack of equipment: Yes \_\_\_\_\_ No \_\_\_\_\_

Rush to finish the job: Yes \_\_\_\_\_ No \_\_\_\_\_

Has the employee been under any stress? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any morale problems among employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the job procedure awkward or unsafe? Yes \_\_\_\_\_ No \_\_\_\_\_

Was personal protective equipment required for performing this job?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was it used? Yes \_\_\_\_\_ No \_\_\_\_\_

Was it used correctly? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the job boring? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the accident preventable? Yes \_\_\_\_\_ No \_\_\_\_\_

**RECOMMENDATIONS FOR PREVENTING THIS ACCIDENT FROM RECURRING IN THE FUTURE:**

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**SIGNATURES:**

\_\_\_\_\_  
DEPARTMENT HEAD OR SUPERVISOR

\_\_\_\_\_  
EMPLOYEE