



# Supervisor's Accident Investigation Report

Attention: Health and Safety Manager  
1101 S. Yakima Ave, Tacoma, WA 98405

**PART 2: INVESTIGATION INTERVIEW & CHECKLIST:** (Questions to ask the person involved with the incident. Please complete or circle appropriate responses.)

Name of Injured Person: \_\_\_\_\_

Date/Time of Accident: \_\_\_\_\_

Date/Time Accident Reported to Supervisor: \_\_\_\_\_

Incident / Injury: How do you think the incident / injury happened and what were you doing at the time?

---

---

---

How long had you been on-shift prior to the incident / injury? \_\_\_\_\_

How long had you been working on this task? \_\_\_\_\_

Is this task part of your normal duties?  Yes  No

Have you been instructed / trained in this task?  Yes  No

What were you doing in the time prior to the incident / injury?

---

---

Are there any other factors involved (schedule, environment, equipment, maintenance, individual, etc.)?

---

---

What do you think could have been done to prevent this incident from occurring?

---

---

Any other comments or observations?

---

---

**Please circle the most appropriate response/s:**

<b>What sort of incident/injury occurred?</b> manual labor / repetitive motion / cut / bruise / burn / fall / slip / trip / sprain / fracture / vehicle / chemical / insect / animal / foreign body / stress/ other:	
<b>Location where incident occurred?</b>	
<b>Type of injury:</b> sting / bite / kick / puncture / strain / sprain / chemical / slip / trip / fall / other:	
<b>Standard operating procedures followed?</b>	Yes / No / N/A
<b>Identification of equipment/object/insect involved:</b>	
<b>Equipment in good condition?</b>	Yes / No / N/A
<b>Date of last service of equipment:</b>	
<b>Appropriate safety equipment and/or Personal Protective Equipment (PPE) used?</b> If no, why not?	Yes / No / N/A
<b>Lighting adequate?</b>	Yes / No / N/A
<b>Housekeeping issues contributed?</b>	Yes / No / N/A
<b>Confined space?</b>	Yes / No / N/A
<b>Surface type:</b> cement / tile / grass / dry / wet / damaged / torn / sand / footpath / carpet / gravel / rocks / pavement / rug / ladder / other:	
<b>Type of shoes worn:</b> open-toe / closed-toe / steel-toe / boots / heels / pumps / sandals / none / other:	
<b>Workload excessive?</b>	Yes / No / N/A
<b>Workload boring and repetitive?</b>	Yes / No / N/A
<b>If it was a slip or trip:</b> Height of fall /slip / trip?	
Were you running / walking / turning a corner / jumping / other?	
If stairs, going up / going down?	
Did you fall on your front / back / side?	
What were you carrying (if anything) at the time?	
<b>If the incident involved chemicals:</b> Was an MSDS (Material Safety Data Sheet) available?	Yes / No
Disposal / handling / storage of chemical product adequate?	Yes / No / N/A
<b>If the incident involves manual labor:</b> Were work items within easy reach?	Yes / No / N/A
Ergonomic equipment available?	Yes / No / N/A
Was the equipment being used correctly?	Yes / No / N/A
Repetitive and/or forceful movements used?	Yes / No / N/A
Action involved: reaching / bending / stooping / sitting / kneeling / twisting / pushing / pulling / lifting / catching / lowering / carrying	
Weight of object?	
Distance carried/ position of object moved from/to?	
Height of load?	
<b>If the incident involves a vehicle or bicycle:</b> traffic conditions:	
Weather conditions: dry / wet / foggy / night / day	
Intersection / turning right or left / driveway / straight road	
Speed prior to accident?	
Traveling: to work / lunch time / after work / to course / work related travel	
<b>Any other factors involved?</b>	

Investigator's comments and observations

---



---



---



---



---

**RECOMMENDATIONS:** A hierarchy of control should be used to assist with the prevention of future similar injuries. The 'hierarchy of control' depicts the most to the least effective methods, as shown in the table below. **This is the most important part of the investigation process! Do not leave blank.**

Risk Control Options	Action Required	By Whom	By When
<b>Elimination</b> – Do you have to do the task?			
<b>Substitution</b> – Is there another way you can do the task?			
<b>Engineering</b> – Can you use tools or machinery to make the job safer?			
<b>Administration</b> – Can you improve work practices? (E.g. limit time of exposure).			
<b>Use of Personal Protective Equipment (PPE)</b> – i.e. safety glasses, reflective vests, etc. OR <b>Safety Equipment</b> – i.e. safety cones, caution tape, warning signs			
Date feedback provided to person reporting the injury/incident:                    /                    /			
Signed:	Print Name:	Ph:	
Position:		Date:                    /                    /	

Office Use Only (Health and Safety Manager Recommendations)

Received By:	Date Part 2 received:	Date Completed:	Date Reviewed by Health and Safety Manager: