

# Supervisor's Report of Employee Accident or Near Miss

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ DATE ACCIDENT REPORTED: \_\_\_\_\_

TIME OF ACCIDENT: \_\_\_\_\_ REPORTED IMMEDIATELY?  YES  NO

LOCATION OF ACCIDENT (ADDRESS): \_\_\_\_\_

HOW DID THE ACCIDENT/INJURY OCCUR? WHAT JOB DUTIES WAS THE EMPLOYEE PERFORMING?

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WHAT PART(S) OF THE EMPLOYEE'S BODY WERE REPORTED AS INJURED?

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HAS THE EMPLOYEE SOUGHT ANY MEDICAL TREATMENT FOR THESE INJURIES?  YES  NO  
IF SO, SPECIFY WHERE AND WHEN TREATMENT WAS RECEIVED.

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WERE THERE WITNESSES PRESENT WHEN THE ACCIDENT OCCURRED (INCLUDING SELF)?  YES  NO  
IF YES, LIST THE WITNESSES' NAMES AND COMPLETE THE WITNESS' STATEMENT REPORT(S).

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DO YOU HAVE ANY REASON TO QUESTION THE LEGITIMACY OF THE ACCIDENT?  YES  NO  
IF YES, PLEASE EXPLAIN.

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WHAT CHANGES OR RECOMMENDATIONS COULD BE MADE TO ELIMINATE OR REDUCE THE LIKELYHOOD OF THE REOCCURRENCE OF THE ABOVE INCIDENT?

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**PLEASE CONTINUE TO THE NEXT PAGE.**

**SUPERVISOR'S REPORT OF EMPLOYEE ACCIDENT OR NEAR MISS**

WHY DID THE ACCIDENT HAPPEN? (PLEASE CHECK ALL THAT APPLY.)

UNSAFE WORKPLACE CONDITIONS	UNSAFE ACTS BY PEOPLE	ORGANIZATIONAL CAUSES
<input type="checkbox"/> INDAQUATE GUARDING	<input type="checkbox"/> OPERATING WITHOUT PERMISSION	<input type="checkbox"/> LESS THAN ADEQUATE TRAINING
<input type="checkbox"/> UNGUARDED EQUIPMENT	<input type="checkbox"/> OPERATING AT EXCESSIVE SPEED	<input type="checkbox"/> LESS THAN ADEQUATE SUPERVISION
<input type="checkbox"/> DEFECTIVE SAFETY DEVICE	<input type="checkbox"/> SERVICING ENERGIZED EQUIPMENT	<input type="checkbox"/> LESS THAN ADEQUATE PROCEDURES
<input type="checkbox"/> TOOL OR EQUIPMENT DEFECTIVE	<input type="checkbox"/> MAKING SAFETY DEVICE INOPERABLE	<input type="checkbox"/> LESS THAN ADEQUATE COMMUNICATION OF SAFETY ISSUES
<input type="checkbox"/> HAZARDOUS WORKSTATION LAYOUT	<input type="checkbox"/> USING DEFECTIVE EQUIPMENT	<input type="checkbox"/> LESS THAN ADEQUATE HAZARD ASSESSMENT
<input type="checkbox"/> UNSAFE LIGHTING	<input type="checkbox"/> USING EQUIPMENT IMPROPERLY	<input type="checkbox"/> LESS THAN ADEQUATE HIRING PRACTICES
<input type="checkbox"/> UNSAFE VENTILATION	<input type="checkbox"/> LIFTING UNSAFELY	<input type="checkbox"/> LESS THAN ADEQUATE ACCOUNTABILITY
<input type="checkbox"/> LACK OF NEEDED PPE	<input type="checkbox"/> INADEQUATE GUARDING	<input type="checkbox"/> LESS THAN ADEQUATE MOTIVATION
<input type="checkbox"/> LACK OF NEEDED EQUIPMENT OR SUPPLIES	<input type="checkbox"/> TAKING UNSAFE POSTURE	<input type="checkbox"/> FAILURE TO PROVIDE NEEDED EQUIPMENT OR SUPPLIES
<input type="checkbox"/> UNSAFE CLOTHING	<input type="checkbox"/> DISTRACTED, HORESPLAY, OR TEASING	<input type="checkbox"/> FAILURE TO ADDRESS KNOWN SAFETY ISSUES
	<input type="checkbox"/> FAILURE TO WEAR APPROPRIATE PPE	
	<input type="checkbox"/> INADEQUATE GUARDING	
	<input type="checkbox"/> FAILURE TO USE AVAILABLE TOOLS AND EQUIPMENT	

**PLEASE ATTACH PHOTOS ON THE FOLLOWING PAGE.**

THE ABOVE REPORT IS TRUE AND CORRECT.

PREPARED BY _____	TITLE _____	DATE PREPARED _____
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**PHOTOS OF ACCIDENT/INJURY**

