

SUPERVISORY RESPONSIBILITY

- FAILURE TO ENFORCE SAFETY RULES
- LACK OF EQUIPMENT
- LACK OF PROCEDURES
- IMPROPER MAINTENANCE
- NOT APPLICABLE
- FAILURE TO PROVIDE PROPER PPE
- LACK OF OVERSIGHT/SUPERVISION
- POOR COMMUNICATION
- INADEQUATE INSPECTIONS
- OTHER
- FAILURE TO PROVIDE PROPER TOOLS
- LACK OF PLANNING
- WRONG PERSONNEL ASSIGNED

DESCRIPTION OF ACCIDENT TO BE COMPLETED **WITH** INJURED EMPLOYEE (ATTACH A SEPARATE SHEET IF NECESSARY)

Describe in detail what happened:

Provide exact location where accident occurred and be specific:

Describe how the injury occurred:

Describe the activity, sequence of events, and conditions that led to this accident:

Could the accident have been prevented? YES NO Please explain:

Names and statements from witnesses:
(ATTACH STATEMENT ON A SEPARATE SHEET)

Name: _____ Name: _____

CORRECTIVE ACTION

What corrective action will be taken to prevent recurrence?

Who is responsible for corrective action and what is the expected completion date?

Name: _____ Date: _____ Name: _____ Date: _____

REQUIRED SIGNATURES

INVESTIGATED BY: _____ DATE: _____

REVIEWED BY DIRECTOR/SITE ADMINISTRATOR: _____ DATE: _____

REVIEWED BY DISTRICT SAFETY COORDINATOR: _____ DATE: _____

PRINT THE NAME OF THE PERSON FILLING OUT THIS REPORT: _____ DATE: _____