

# SUPERVISOR'S ACCIDENT INVESTIGATION

## RISK MANAGEMENT

This document should be filled out by the supervisor of an employee who has experienced an on-the-job injury. The statement provided should be honest and provide as much detail as possible. Upon completion, this document should be sent to the Risk Management Specialist.

**SUPERVISOR NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

1. Ask the employee how the accident happened (what he/she was doing, job, task, etc.) Based on the information provided, the seriousness of the accident, or the circumstances of the accident, supervisors may need to visit and personally observe the scene of the injury. If the scene is surveyed please note any tools, equipment, materials and persons involved in the accident. Based upon the description given and/or surveyed findings, please describe what you feel happened using the lines provided below.

---

---

---

---

---

---

---

---

2. Do you feel that the injured employee contributed to this accident by either doing, or failing to do something? YES\_\_\_ NO\_\_\_

If yes, please explain: \_\_\_\_\_

---

---

---

---

---

3. Do you feel that someone or something else contributed to this accident? YES\_\_\_ NO\_\_\_

If yes, please explain: \_\_\_\_\_

---

---

---

---

4. What safety measures should be taken to prevent a similar occurrence of this accident (rules, training, etc.)?

---

---

---

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

WASHINGTON COUNTY SCHOOL DISTRICT



