



SUPERVISOR REPORT OF ACCIDENT

Review	07/21/2023
Revision	
Version #	1

Injured Employee(s) Names:

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Job Title		Time with Company	
Type of Incident		Body Part Injured	
Date of Injury		Time of Injury	
Date Reported		Foreman/Supervisor	
Job / Project		Location on Site	
Witnesses			

Documentation	<input type="checkbox"/> AHA <input type="checkbox"/> Tailgate <input type="checkbox"/> CSE Permit <input type="checkbox"/> Hot Work <input type="checkbox"/> SSSP			
PPE WORN				
Training				
Photos	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

What Happened? Describe in sequence what happened. What led up to the incident. Any tools being used, other employees performing the same work. What were the job conditions, environment, housekeeping, etc.

--- Safety Manager Complete ---

Reported to		Date & Time	
Signature		Investigation Level:	