SUPERVISOR'S INCIDENT REPORT

This report should be completed for accidents that do not require completion of the Supervisor's Accident Report

NAME OF EMPLOYEE:	DATE OF INCIDENT:	TIME OF INCIDENT:
LOCATION OF INCIDENT:	EXPERIENCE:	AGE:
DEPARTMENT:	NAME OF SUPERVISOR:	

WHAT HAPPENED?

WHO WAS INJURED AND/OR WHAT EQUIPMENT DAMAGED?

IF DAMAGED PROPERTY, WHO DID IT BELONG TO?

WHAT OTHER CONTROL MEASURES CAN BE TAKEN AND BY WHOM?

BASIC CAUSE

- ☐ Unsafe Working Conditions?
- ☐ Unsafe Practice?
- ☐ Lack of Knowledge or Training?
- ☐ Wrong Method?
- ☐ Personal Physical Condition?
- ☐ Other:

INJURED EMPLOYEE'S SIGNATURE **DATE**

SUPERVISOR'S SIGNATURE **DATE**

REPORT DISTRIBUTION: