



SUPERVISOR ACCIDENT REPORT

Injured Employee's Name:
Date and Time of Incident:
Date and Time Reported:
Home Phone:
Witness Names:
Cause of Accident:
Was a Safety Procedure Violated? Describe:
Accident Site Inspection and Comments:
Recommendations and Comments:
Is there a potential outside liable party responsible for the cause of this incident?

Description of Incident (Use additional sheets of paper, if more space is needed)

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Supervisor Signature:	Date:
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