

SUPERVISOR's ACCIDENT REPORT

The purpose of the Supervisor's Accident Investigation is to determine both the immediate and root causes of an incident that resulted in injury or property damage or had the potential to cause injury or damage property. By root cause we mean the underlying reasons for the accident. For example, the immediate cause of a slip and fall may be water on the floor, but the root cause or underlying cause could be the maintenance issues resulting in the leaking water pipe or the method used to carry water that resulted in spilled water. Once the immediate and root causes of the accident have been determined, preventative measures can be identified and effectively instituted.

To be effective, the investigation must be fact-finding, not fault finding.

It is the immediate manager or supervisor who has the prominent role in conducting the accident investigation. The manager or supervisor should:

- 1) collect the facts,
- 2) determine the sequence of events
- 3) determine the immediate cause(s)
- 4) determine the "root" or underlying cause(s),
- 5) identify controls or action(s) that will help prevent reoccurrence,
- 6) take or assign corrective action, and
- 7) follow-up to ensure that corrective action is effective.

All accidents should be investigated promptly regardless of their severity. Promptness of the investigation is essential since conditions at the accident scene change and witnesses are likely to forget with time. Promptness in checking the scene assures employees that management is highly concerned for their well being.

Accident investigation reports should be submitted within 24 hours of the first notice of the incident using the attached form to report to senior management what is being done to prevent a reoccurrence.

For additional information in accident investigation methods, please refer to the Cal/OSHA website: http://www.dir.ca.gov/dosh/dosh_publications/IIPP.html#9

Supervisor's Accident Report
Confidential/For internal company use only

ALL ITEMS MUST BE FULLY ANSWERED
use additional pages as needed

WORKERS' COMPENSATION FRAUD IS A FELONY; REPORT SUSPECTED FRAUD TO THE INSURANCE COMPANY

WHO WAS INVOLVED

Injured Employee Name: _____ DOB: _____

Department: _____ Job Title: _____ Phone Number: _____

Work Address: _____ City: _____ State: _____ Zip: _____

WHAT HAPPENED

Task being performed at time of incident: _____

Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM Date Reported: _____

Shift: ☐ AM ☐ PM ☐ Night ☐ Other Was the Employee on Overtime: ☐ Yes ☐ No Time Shift Commenced: _____

Incident Location (specific area) _____

Witness(es) to Incident: _____

Description of event: _____

Describe property damage associated with the incident: _____

Form provided by **Care West Insurance Company**

P.O. Box 277550 Sacramento, CA 95827

Phone: 844-326-2918 Fax: 866-774-1846

CWclaims@corvel.com

WHY DID IT HAPPEN

INVESTIGATION

Date of Investigation: _____ Person(s) Making Investigation: _____

Employee's Supervisor: _____

Who was immediately in charge at the time of injury: _____

Please explain training that was provided to perform the task and when it was last provided: _____

Is there a written procedure describing how to safely perform the task? Explain: _____

Equipment involved: Type _____ Model No _____ Manufacturer _____

Immediate Cause: _____

ROOT CAUSE ANALYSIS – Why the incident occurred

Corrective Action

Describe action that has been taken and what actions remain to be taken. List interim or temporary actions. Any delayed actions should be explained.

Supervisors Signature: _____

Date: _____

Safety Committee Review: _____

Date: _____

Verification that correction is complete:

Senior Manager: _____

Date: _____

VERIFICATION THAT ACTION HAS BEEN TAKEN