

Supervisor's Report of Employee Accident or Near Miss

EMPLOYEE NAME: John Doe EMPLOYER NAME: Acme Company, Inc.

DATE OF ACCIDENT: 01/01/2017 DATE ACCIDENT REPORTED: 01/01/2017

TIME OF ACCIDENT: 11:00 am REPORTED IMMEDIATELY? YES NO

LOCATION OF ACCIDENT (ADDRESS): 123 Any Street, Somewhere, CA 90000

HOW DID THE ACCIDENT/INJURY OCCUR? WHAT JOB DUTIES WAS THE EMPLOYEE PERFORMING?

Mr. Doe was briskly walking through the office while talking to a co-worker and joking around. He tripped and sprained his ankle.
The injury occurred while he was walking to the conference room for a meeting.

WHAT PART(S) OF THE EMPLOYEE'S BODY WERE REPORTED AS INJURED?

Mr. Doe sprained his ankle.

HAS THE EMPLOYEE SOUGHT ANY MEDICAL TREATMENT FOR THESE INJURIES? YES NO
IF SO, SPECIFY WHERE AND WHEN TREATMENT WAS RECEIVED.

Mr. Doe visited ABC Urgent Care on 01/01/2017. An exam was done of his ankle. He was given an ice pack and an over-the-counter anti-inflammatory.

WERE THERE WITNESSES PRESENT WHEN THE ACCIDENT OCCURRED (INCLUDING SELF)? YES NO
IF YES, LIST THE WITNESSES' NAMES AND COMPLETE THE WITNESS' STATEMENT REPORT(S).

Rebecca Callahan witnessed the accident.

DO YOU HAVE ANY REASON TO QUESTION THE LEGITIMACY OF THE ACCIDENT? YES NO
IF YES, PLEASE EXPLAIN.

WHAT CHANGES OR RECOMMENDATIONS COULD BE MADE TO ELIMINATE OR REDUCE THE LIKELYHOOD OF THE REOCCURRENCE OF THE ABOVE INCIDENT?

Employees will now participate in a Slip, Trip and Fall Prevention Training.

PLEASE CONTINUE TO THE NEXT PAGE.

SUPERVISOR'S REPORT OF EMPLOYEE ACCIDENT OR NEAR MISS

WHY DID THE ACCIDENT HAPPEN? (PLEASE CHECK ALL THAT APPLY.)

UNSAFE WORKPLACE CONDITIONS	UNSAFE ACTS BY PEOPLE	ORGANIZATIONAL CAUSES
<input type="checkbox"/> INDAQUATE GUARDING	<input type="checkbox"/> OPERATING WITHOUT PERMISSION	<input checked="" type="checkbox"/> LESS THAN ADEQUATE TRAINING
<input type="checkbox"/> UNGUARDED EQUIPMENT	<input type="checkbox"/> OPERATING AT EXCESSIVE SPEED	<input type="checkbox"/> LESS THAN ADEQUATE SUPERVISION
<input type="checkbox"/> DEFECTIVE SAFETY DEVICE	<input type="checkbox"/> SERVICING ENERGIZED EQUIPMENT	<input type="checkbox"/> LESS THAN ADEQUATE PROCEDURES
<input type="checkbox"/> TOOL OR EQUIPMENT DEFECTIVE	<input type="checkbox"/> MAKING SAFETY DEVICE INOPERABLE	<input type="checkbox"/> LESS THAN ADEQUATE COMMUNICATION OF SAFETY ISSUES
<input type="checkbox"/> HAZARDOUS WORKSTATION LAYOUT	<input type="checkbox"/> USING DEFECTIVE EQUIPMENT	<input type="checkbox"/> LESS THAN ADEQUATE HAZARD ASSESSMENT
<input type="checkbox"/> UNSAFE LIGHTING	<input type="checkbox"/> USING EQUIPMENT IMPROPERLY	<input type="checkbox"/> LESS THAN ADEQUATE HIRING PRACTICES
<input type="checkbox"/> UNSAFE VENTILATION	<input type="checkbox"/> LIFTING UNSAFELY	<input type="checkbox"/> LESS THAN ADEQUATE ACCOUNTABILITY
<input type="checkbox"/> LACK OF NEEDED PPE	<input type="checkbox"/> INADEQUATE GUARDING	<input type="checkbox"/> LESS THAN ADEQUATE MOTIVATION
<input type="checkbox"/> LACK OF NEEDED EQUIPMENT OR SUPPLIES	<input type="checkbox"/> TAKING UNSAFE POSTURE	<input type="checkbox"/> FAILURE TO PROVIDE NEEDED EQUIPMENT OR SUPPLIES
<input type="checkbox"/> UNSAFE CLOTHING	<input checked="" type="checkbox"/> DISTRACTED, HORESPLAY, OR TEASING	<input type="checkbox"/> FAILURE TO ADDRESS KNOWN SAFETY ISSUES
	<input type="checkbox"/> FAILURE TO WEAR APPROPRIATE PPE	
	<input type="checkbox"/> INADEQUATE GUARDING	
	<input type="checkbox"/> FAILURE TO USE AVAILABLE TOOLS AND EQUIPMENT	

PLEASE ATTACH PHOTOS ON THE FOLLOWING PAGE.

THE ABOVE REPORT IS TRUE AND CORRECT.

Gail Peterson

Safety Manager

01/01/2017

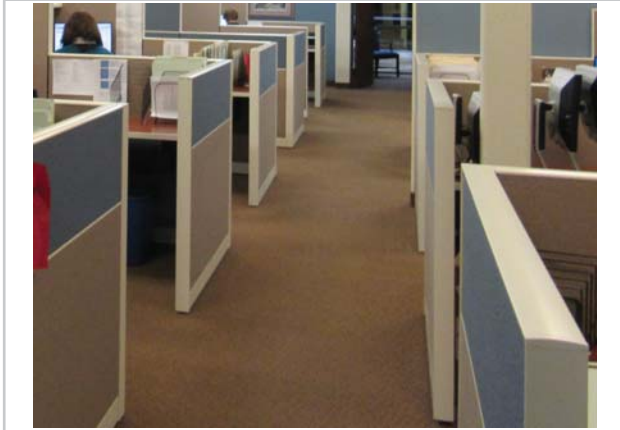
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TITLE

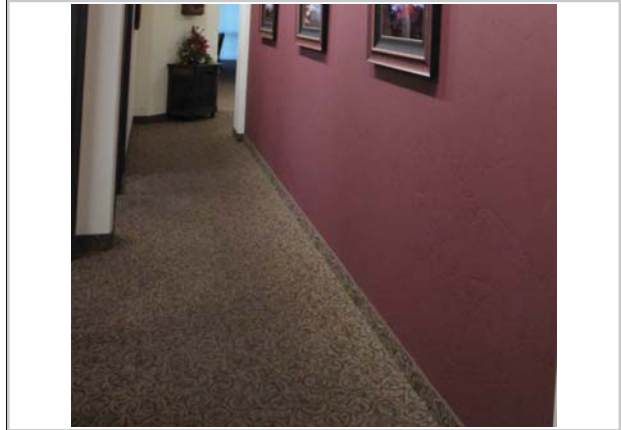
DATE PREPARED



PHOTOS OF ACCIDENT/INJURY



The walkway was clear.



There was no debris in the walkway at the time of the accident.



The foot sprain was minor and did not result in bruising.

