

Supervisor's Accident, Incident or Near Miss Investigation Form

Name of Injured Person:		
Date of Event:		
Exact location of Event:		
Exact location of Event.		

What caused the	e Event? Please	e describe in	detail		
What part of the	e body was injured	? Please des	cribe in deta	dII 	
What was the na	ature of the injury	? Please desc	cribe in deta	nil	

How did the Accident, Incident or Near Miss happen? What was the employee doing prior to the event
What equipment tools were being used? Please describe in detail
Were Safety Regulations in place and used? If not, what was wrong?
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Did Employee go to Doctor/Hospital?						
How can future Accidents, Incidents and Near Misses be prevented? What changes do you suggest to						
prevent this Accident, Incident or Near Miss from happening again? Please check all that apply						
Stop this activity Guard the hazard Train the employee(s)						
Redesign task steps Redesign work station Write a new policy/rule						
Enforce an existing policy/rule Routinely inspect for the hazard						
Personal Protective Equipment Other:						
What should be (or has been) done to carry out the suggestion(s) checked on this page?						
Supervisor Signature/Phone Number Date						