

Middlebury Institute of International Studies at Monterey
SUPERVISOR'S INTERNAL ACCIDENT/INCIDENT INVESTIGATION REPORT

NOTE: Please complete and deliver to H.R. within 24 hours of knowledge of the accident.

1. Name of injured:

2. Department:

3. Position:

4. Place/Location of accident:

5. Type of Injury:

(examples: strain, laceration, broken bone)

6. Location of Injury:

(examples: neck, hand, leg, arm , rt. or left)

7. Date of accident:

8. Time:

9. Date reported to you:

10. Was medical attention required?

11. Any lost time? (days or hours)

12. Describe in detail the employees actions leading up to and including the accident. Include: task being performed, work location, equipment used, and any unsafe conditions that may have contributed to the incident. (Use back or an additional sheet if necessary)

13. Were safety rules and/or safe work practices followed?

If no, please describe.

14. What Personal Protective Equipment (PPE) was required?

15. Was PPE properly used?

16. Was employee trained for task being performed?

17. Date of training:

18. List corrective action recommended (use back of form if needed). _____

19. Form completed by:

Date

20. Position: