



## SUPERVISORS ACCIDENT / INCIDENT INVESTIGATION REPORT

### PART I: BASIC INFORMATION

<b>1. Name of Employee Involved:</b>	<b>2. Job Title:</b>	<b>3. Department:</b>
<b>4. Phone Number:</b>	<b>5. Email Address:</b>	<b>6. How Long Worked in Present Job:</b>
<b>7. Location of Incident (address):</b>	<b>8. Date of Incident:</b>	<b>9. Time of Incident:</b>
<b>10. Any Injuries Sustained:</b> <input type="checkbox"/> Yes (list below) <input type="checkbox"/> No	<b>11. Type of Medical Treatment Required:</b> <input type="checkbox"/> First Aid <input type="checkbox"/> Emergency Services <input type="checkbox"/> N/A	
<b>12. Employee Wearing PPE:</b> <input type="checkbox"/> Yes (list below) <input type="checkbox"/> No	<b>13. Environmental Conditions (weather, visibility, etc.):</b>	

### PART II: NAMES OF OTHER EMPLOYEES INVOLVED


### PART III: WITNESSES

<b>1. List (Print) Names of Any Witnesses &amp; Phone Numbers:</b>	<b>2. Employee(S) Involved Drug Tested:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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### PART IV: SUPERVISOR NOTIFICATION & COST

<b>1. Name (Print) of Supervisor:</b>	<b>2. Date &amp; Time Supervisor Was Notified:</b>	<b>3. Estimated Cost of Damage / Loss:</b>
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### PART V: INCIDENT DESCRIPTION & DETAILS

**Note:** For vehicle accidents/incidents, attach a copy of the Florida Traffic Accident Report.

<b>1. Description of What Occurred:</b>
<b>2. What Unsafe Act, Equipment, or Property Contributed to This Incident:</b>
<b>3. What Steps or Changes Have Been Made to Prevent a Similar Incident from Occurring in the Future:</b>

### PART VI: MANAGEMENT REVIEW / APPROVAL

<b>1. Site Supervisor:</b>  Name (Print): _____  Signature: _____ Date: _____	<b>2. Department Director:</b>  Name (Print): _____  Signature: _____ Date: _____
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Please submit this completed form to the Risk Management Office. For questions contact Risk Management at (850) 689-5977.