

MBI SUPERVISOR'S ACCIDENT REPORT

All accidents should be investigated, whether serious or minor. The objective is to prevent recurrence. You will want to interview the injured person, visit the scene of the accident, talk to witnesses, etc., to determine causes and possible corrections.

Injured Employee's Information:

Name :	Dept.:
Position title:	Hire Date:
Date of accident:	Time of accident:
Time employee began working that day:	Date and time reported to supervisor:

Was employee working during the time of the injury? Yes No

Was employee performing normal work duties during the time of the injury? Yes No

Did employee miss time off work due to injury? Yes No

If yes, how much time was missed? _____

Did employee have any other work related injuries this year? Yes No

What was the employee doing when injured? (Example: *Lifting pan from oven.*)

How did the accident occur? (Example: *Tripped on stair and fell.*)

Describe injury. (Example: *Right arm broken above wrist.*)

When can (or when did) employee return to work?

Names of witnesses and contact information:

Where did the employee receive medical attention?

- Health Service Concentra Medical Center (recommended) Other _____
- Employee's Doctor Admitted to Hospital Employee did not receive medical attention

What kind of medical attention did the employee receive? (If employee went to ER please include that information below).

Please answer the following questions: (Check YES or NO)

	YES	NO
1. Was injured employee properly instructed in safe and efficient methods?	_____	_____
2. Did employee violate any instructions?	_____	_____
3. Did poor housekeeping contribute to accident?	_____	_____
4. Did horseplay cause the accident?	_____	_____
5. Was the accident caused by something in need of repair?	_____	_____
6. Was it caused by unsafe arrangement or process?	_____	_____
7. Did injured person report to first aid immediately?	_____	_____
8. Is drug or alcohol use suspected at the time of the accident?	_____	_____
9. Is the accident questionable to the employer?	_____	_____

By answering the questions below, you may help to prevent repetition of this type of accident.

What steps are being taken to prevent similar accidents? (Example: *Employees are being told to get help with heavy loads.*)

What other preventive steps should be taken?

Signature of supervisor: _____

Name of supervisor (please print): _____

Date: _____ **Supervisor's office phone number:** _____

<p style="text-align: center;">Return to Erica Loring, MBI Human Resources (Fax: 312-329-2151; Email: erica.loring@moody.edu)</p>
