

Supervisor's Accident Investigation Report 207-1

The Supervisor must complete this form with the employee and then forward it to the Human Resources office, along with the 207 report, within 24 hours after the incident.

GENERAL INFORMATION

Employee Name	Date of Incident	Location of Incident
Job Title	Time of Incident	Medical Treatment? <input type="checkbox"/> ER <input type="checkbox"/> First Aid <input type="checkbox"/> None <input type="checkbox"/> Walk-In <input type="checkbox"/> Ambulance <input type="checkbox"/> Other
Nature of Injury		

INCIDENT DESCRIPTION:

TYPE OF INCIDENT: (check most appropriate, define other if checked)

- | | | |
|--|--|---|
| <input type="checkbox"/> Assault by public | <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Cut/laceration/puncture |
| <input type="checkbox"/> Caught in/on/between | <input type="checkbox"/> Lifting/Material Handling | <input type="checkbox"/> Exposure (air quality, etc.) |
| <input type="checkbox"/> Shoved by or against an object | <input type="checkbox"/> Foreign body in eye | <input type="checkbox"/> Other |
| <input type="checkbox"/> Contact with heat/cold/chemical | <input type="checkbox"/> Cumulative trauma | |
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> Repetitive motion | |

CAUSES/CONTRIBUTING FACTORS *Check all that apply*

CONDITIONS <input type="checkbox"/> Hazardous process <input type="checkbox"/> Weather conditions <input type="checkbox"/> Equipment not available <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Ergonomic set-up <input type="checkbox"/> Floor/ground condition <input type="checkbox"/> Poor lighting <input type="checkbox"/> Poor design <input type="checkbox"/> Carpet/mat <input type="checkbox"/> Chemicals/cleaning agents <input type="checkbox"/> Improper PPE <input type="checkbox"/> Lack of training	BEHAVIORS <input type="checkbox"/> Failure to follow safety procedure <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper technique <input type="checkbox"/> Using equipment unsafely <input type="checkbox"/> Inappropriate dress or footwear <input type="checkbox"/> Failure to obtain assistance <input type="checkbox"/> Working at unsafe speed <input type="checkbox"/> Performing task without knowledge/failure to ask <input type="checkbox"/> Failure to recognize unsafe condition <input type="checkbox"/> Not in scope of duties <input type="checkbox"/> Unsafe body mechanics <input type="checkbox"/> Employee attitude on safety <input type="checkbox"/> Horseplay <input type="checkbox"/> Failure to use lookout/tagout <input type="checkbox"/> Inattention/dysfunction <input type="checkbox"/> Poor judgement responding to unsafe condition <input type="checkbox"/> Other
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ACTION PLAN TO PREVENT RECURRENCE

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| <input type="checkbox"/> Reinforce employee accountability for safety
<input type="checkbox"/> Monitor work practices
<input type="checkbox"/> Work orders written
<input type="checkbox"/> Maintenance work order written
<input type="checkbox"/> Procedures revised
<input type="checkbox"/> Referrals made
<input type="checkbox"/> Apply OSHA program and manuals | <input type="checkbox"/> Additional training
<input type="checkbox"/> Hepatitis B vaccine
<input type="checkbox"/> Renew bloodborne training
<input type="checkbox"/> Renew hazmat training
<input type="checkbox"/> Ergonomic set-up evaluation
<input type="checkbox"/> Air quality consultation
<input type="checkbox"/> MVA= <input type="checkbox"/> Local or <input type="checkbox"/> State Investigation
<input type="checkbox"/> Other |
|--|---|

MANAGER SIGNATURE: _____ PRINT NAME: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ PRINT NAME: _____ DATE: _____