

Supervisor's Incident / Accident Report

✓	Type of Incident: <input type="checkbox"/> Injury/Illness <input type="checkbox"/> Property Damage <input type="checkbox"/>		
1	Job Name/Location	Department	Today's Date
	Date/Time of Incident <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date/Time Reported <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported by
	Reported to	Supervisor's Name	
	Police Dept. Notified	Police Report #	
	Employee's Name (Last, First, MI) & Employee #	Position	
Employee Involvement: <input type="checkbox"/> Injured <input type="checkbox"/> Operator <input type="checkbox"/> Driver <input type="checkbox"/> Other (explain)			
Employee Injury: Describe the affected part of the body - type of injury/illness, sprain, burn, cut, etc.			
2	Type of Injury or Illness	Part of Body Affected	
	What object or substance, if any, directly harmed the employee?		
	Were Safeguards or Safety Equipment Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were they Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	State the task and specific activity the employee was engaged in when the injury/illness occurred		
	List any equipment, material or chemicals in use when the injury/illness occurred		
Equipment Information/Vehicle Description			
3	Type of Equipment	Unit #	VIN, Model, Year, etc. if known:
	Brief description of damage to equipment or vehicle (give detailed information in comment section if necessary)		
Property Damage (MMU Property other than Equipment or Vehicle)			
4			
Parties Involved other than MMU			
5	Name		Telephone #
	Address	State	Zip
	Involvement: <input type="checkbox"/> Injured <input type="checkbox"/> Operator <input type="checkbox"/> Driver <input type="checkbox"/> Other (explain)		
	Property Damaged (give detailed information in comment section)		
Witness Information			
6	Name		Telephone #
	Address	State	Zip
Detailed Incident Description			
7	Describe what took place before and during the incident, include type of tools, materials, and/or machinery used, etc., and the activity that resulted in property damage and/or bodily injury (use additional sheet if necessary)		
Corrective Action			
8			
Additional Comments			
9			
Report Completed by: (Sign and Print Name)		Date:	Contact Info: Telephone # / Cell #
REPORT MUST BE SUBMITTED TO THE SAFETY DEPT WITHIN 24 HOURS - FAX # 660-886-3452			