

SUPERVISOR'S REPORT OF ACCIDENT

NOTE: In order to prevent accidents, it is necessary to know how and why they occur. State facts accurately as possible. The number appearing in brackets indicates the corresponding item on the "Employer's Report." Accurate reporting of all facts will help in the preparation of the "Employer's Report." Submit your complete report within 24 hours. If additional space is needed, use the reverse side.

Name of Injured Employee (6)		Department in Which Regularly Employed (12)	
Injury Date (22)	Time (23)	a.m. p.m.	Date Employer was Notified of Injury (27)
Did Accident Occur on Employer's Premises? (15)	Where? (Specify dept., job site, etc.)	Name of witnesses.	
What was employee doing when injured? (Such as: walking, lifting, operating machines, etc.) Be specific (16)			
Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. (17) (Do not describe nature of injury.)			
What machine, tool, substance or object was most closely connected with the injury? (18) (e.g., the machine employee struck against or which struck him; the chemical that irritated his skin; in cases of strain, the thing he was lifting, pulling, etc.)			
Nature of injury and part of body affected. (19)			

CAUSES OF ACCIDENT: CHECK ALL THAT APPLY

UNSAFE BUILDING OR WORKING CONDITIONS

- (A) LAYOUT OF OPERATIONS
- (B) LAYOUT OF MACHINERY
- (C) UNSAFE PROCESSES
- (D) IMPROPER VENTILATION
- (E) IMPROPER SANITATION/HYGIENE
- (F) IMPROPER LIGHT
- (G) EXCESSIVE NOISE
- (H) FLOORS OR PLATFORMS
- (I) MISCELLANEOUS

INSTRUCTIONS AND TRAINING

- (A) NONE
- (B) INCOMPLETE
- (C) ERRONEOUS
- (D) NOT FOLLOWING INSTRUCTIONS
- (E) OPERATING WITHOUT AUTHORITY
- (F) WORKING AT UNSAFE SPEED
- (G) INEXPERIENCE
- (H) UNTRAINED IN PROCEDURE
- (I) INCORRECT USE OF TOOL OR EQUIPMENT
- (J) IMPROPER JUDGMENT
- (K) IMPROPER LIFTING
- (L) LIFTING EXCESSIVE WEIGHT

HOUSEKEEPING

- (A) IMPROPERLY PILED OR STORED MATERIAL
- (B) CONGESTION

DISCIPLINE

- (A) NOT FOLLOWING SAFETY RULES
- (B) HORSEPLAY

PHYSICAL HAZARDS OR EQUIPMENT

- (A) INEFFECTIVELY GUARDED
- (32) (B) UNGUARDED
- (33) (C) GUARD REMOVED
- (E) DEFECTIVE TOOLS
- (F) DEFECTIVE MACHINES
- (G) DEFECTIVE MATERIALS

APPAREL OR PERSONAL PROTECTIVE EQUIPMENT

- (33) (A) PROTECTIVE EQUIPMENT NOT USED
- (B) UNSUITABLE PROTECTIVE EQUIPMENT
- (C) UNSUITABLE CLOTHING OR FOOTWEAR

What can be done to prevent such an accident from happening again?

Approx. date condition will be corrected?	Signature of Supervisor:	Date:
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REMARKS (Continued from front)

INDIRECT COST OF ACCIDENT

Note to Employer: - It has been estimated that accidents cost the employer approximately *four times* the amount of the compensation, and medical expense. You should keep in mind that even the trivial first aid accident involving no compensation or outside medical aid, nevertheless costs you something in lost time and other incidentals. We suggest that your foreman or first aid attendant investigate such trivial accidents as well as those that are compensable.

THE FOLLOWING REPRESENT SOME OF THE INDIRECT COSTS OF THIS ACCIDENT

	NO. OF HOURS	HOURLY WAGE	TOTAL COST
1. TIME LOST BY INJURED FOR WHICH EMPLOYER PAID.			
2. TIME LOST BY SUPERVISORS AND EMPLOYEES OTHER THAN INJURED.			
(a) ASSISTING INJURED PERSON.			
(b) THROUGH CURIOSITY OR SYMPATHY.			
(c) INVESTIGATING ACCIDENT AND COMPLETING FORMS.			
(d) ARRANGING FOR EMPLOYEE TO REPLACE INJURED.			
(e) HIRING AND TRAINING NEW EMPLOYEE.			
3. COST OF DAMAGE TO BLDG., MACHINERY, TOOLS, EQUIPMENT OR MATERIALS INVOLVED IN ACCIDENT.			
4. COST OF MATERIAL SPOILED BY INEXPERIENCED EMPLOYEE WHO REPLACED INJURED.			
5. PRODUCTION INTERRUPTION LOSSES (INCLUDE NOT ONLY "DOWN TIME", BUT ALSO LOSSES DUE TO FAILURE TO MEET CONTRACTS, FORFEITS, ETC. CAUSED BY THE LOSS).			
6. COST TO EMPLOYER UNDER WELFARE AND BENEFIT SYSTEMS.			
7. UNEARNED WAGES (FULL WAGE MINUS % REALLY EARNED) PAID BY EMPLOYER TO INJURED WHILE ENGAGED IN LIGHT WORK PENDING FULL RECOVERY?			
8. OVERHEAD COST LOSS (TOTAL OVERHEAD COST DIVIDED BY TOTAL MAN HOURS MULTIPLIED BY HOURS LOST).			
9. PROFIT LOSS.			
10. OTHER INCIDENTAL LOSSES TO EMPLOYER, EXPLAIN.			