



SUPERVISOR'S REPORT OF ACCIDENT

Employee's Name: _____
(FIRST NAME, INITIAL, LAST NAME)

Date of Injury or Onset of Illness: _____ Time: _____ AM/PM Date Reported to Supervisor: _____ Time: _____ AM/PM
(MO/DAY/YEAR) (MO/DAY/YEAR)

Department/Site: _____ Job Title: _____

Description of Injury: _____

BODY PART INJURED (INDICATE RIGHT, LEFT, UPPER, LOWER, WHERE APPLICABLE)

Head	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Foot	<input type="checkbox"/>
Face	<input type="checkbox"/>	Back	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Knee	<input type="checkbox"/>	Toe	<input type="checkbox"/>
Eye	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Finger	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	Other	<input type="checkbox"/>

Action Taken

First Aid Only - If so, by whom _____

Required physician - Physician's or hospital name and address _____

Hospitalized _____

Did injured leave work? Yes No Date _____ Time _____ AM/PM

Did injured return to work? Yes No Date _____ Time _____ AM/PM

Witnesses _____

Location or address where accident occurred _____

What was employee doing when injured? _____

How did accident or exposure occur? (who-what-where-when-why-how) _____

Object or substance that directly injured employee _____

INVESTIGATION OF CAUSE (Check One or More)

UNSAFE CONDITIONS

- Improperly guarded equipment or machine
- Defective tool or equipment
- Poor housekeeping
- Improper lighting
- Improper ventilation (dust, fumes, etc.)
- Unsafe design or construction
- Slippery or other unsafe surface
- Inadequate warning systems
- Hazardous storage or arrangement
- Hazardous dress or apparel
- Hazardous work procedures
- Combative student
- Hazardous weather or environment
- Contact with poisonous plants, insects, toxic chemicals, skin irritants, bites, etc.
- Investigation reveals that accident was beyond control of injured employee
- Other

UNSAFE ACTS

- Operating without authority
- Failure to warn others
- Operating or working at unsafe speed
- Making safety devices inoperative
- Failure to secure objects
- Using unsafe equipment or equipment unsafely
- Unsafe loading, mixing, carrying
- Taking unsafe position or posture
- Working on moving or dangerous equipment
- Distracting, teasing or startling
- Failure to use personal protective devices
- Failure to observe safety regulations
- Lack of training or knowledge
- Preventable vehicle accident
- Slips and falls
- Other

Reasons for unsafe act/Condition _____

What practical corrective action will be taken by supervisor to prevent recurrence? _____

Was DWC-1 Provided to Employee? Yes No Date: _____

Supervisor's signature _____ Date _____

Dept. Head review signature _____ Date _____