

Supervisor's Accident/Incident Report

Supervisor Only to make out Report

Complete this form in its entirety and send to:

CTSI Loss Prevention

800 Grant St., Suite 400, Denver, CO 80203

Note to Employer: It has been established that accidents cost the employer directly approximately four times the amount of compensation, liability and medical expenses.

1. County	City and State	2. Location of Accident
3. Date of Accident	4. Time of Accident	AM PM
5. Name of Injured Employee	6. Date of Hire	
7. What were Injured's Duties?		
8. Fully Describe the Nature of the Accident (below)		

Mark causes of accident below: Accident causes

I. Unsafe Practices

A. Instructions

None	Not Enforced
Incomplete	Erroneous

B. Ability of Employee

Inexperience	Unskilled
Ignorance	Poor Judgment

C. Discipline

Disobedience of Rules
Interference by Others
Fooling

D. Concentration to Job

Attention Distracted
Inattention

II. Unsafe Condition

A. Physical Hazards Incl. Mechanical, Electrical, Steam Chemical Conditions, etc.

Ineffectively Guarded
Unguarded

B. Housekeeping

Improperly Piled or Stored Material
Congestion

C. Equipment

Defective Tools
Defective Machines
Defect of Misc. Materials & Equipment

D. Unsafe Conditions

Fire Protection	Exits
Floors	Openings
Miscellaneous	Weather



I. Unsafe Practices

E. Unsafe Practices

Chance Taking
Short Cuts
Haste

F. Temperament

Sluggish or Fatigued
Violent Temper
Excitability

G. Physical Condition

Fatigued
Weak
Taking Medication

II. Unsafe Condition

E. Poor Working Conditions

Poor Ventilation
Inadequate Sanitation
Inadequate Light
Excessive Noise

F. Workplace Hazards

Layout of Operations
Layout of Machinery
Unsafe Processes

G. Dress or Apparel

No Goggles, Gloves, Masks, Etc.
Unsuitable, Long Sleeves, Etc.
Shoes/Boots, Defective, Etc.

10. What recommendation can you make to eliminate above cause(s) of accident?

11. Have you communicated the accident prevention recommendations from #10 to other crew members and supervisors within the county? Yes No

12. Did you send injured to first aid room? (If answered "Yes" we assume that you checked up to see that injured employee actually received treatment) Yes No

Signature of Supervisor:

Date:

14. My signature below indicates only that I have read and understand the above information, however, my signature does not necessarily indicate agreement with its contents.

Signature of Employee:

Date:

Comments: