**NEW MEXICO STATE UNIVERSITY**

**SUPERVISOR ACCIDENT INVESTIGATION REPORT**

(Please print or type)

|  |  |  |  |  |  |  |
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| 1. Department:   Click here to begin. | 1. Accident Location (Building, Room #, City):   Click here to enter text. | 1. Time of Accident: Enter time.   \_\_\_\_\_AM \_\_\_\_\_PM | | 1. Date of Accident:   Enter date. | | 1. Date Reported to Supervisor:   Enter date. |
| 1. Name of Accident   ( ) Personal Injury   ( ) Personal Injury & Damage to Property | 1. Employee Name  Click here to enter text | 1. Was Medical Treatment needed? Click here to enter text | | 1. Part of Body L ( ) R ( )   FT ( ) BK ( )   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. Lost Time?   Yes \_\_\_\_  No \_\_\_\_ |
|  | 1. Nature of Injury:   Click here to enter text. | 1. Source of Damage:   Click here to enter text. | | 1. Witness/Co-Worker:   Click here to enter text. | | |
| 1. What Happened? Describe In Detail. EMPLOYEE DESCRIPTION OF INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. What actions and/or conditions that contributed to this accident?   Click here to enter text. | | | | | | |
| 1. What are the underlying causes which allowed the above factors to exist?   Click here to enter text. | | | | | | |
| 1. What actions have or will be taken to eliminate the underlying cause(s) of this accident?   Click here to enter text. | | | | | | |
| 1. Safety Equipment In Place ( ) Used ( ) Needs Improvement ( ) Not Applicable ( )   Type of safety equipment: Click here to enter text. | | | | | | |
| 1. **Training**: *Employee Safety* – Date: Click here to enter text. *Hazard Communication* – Date:Enter text.   *LIST the Specific Training that may help prevent this injury or illness*  – Click here to enter text. | | | | | | |
| 1. Supervisor name (PRINT) Click here to enter text.     ***Signature: Date:***Enter date. | | | 1. Reviewed by Next Level Supervisor (PRINT) Click here to enter text.   ***Signature: Date:***Enter date. | | | |
| Reviewed by NMSU EHS&RM name ***Signature: Date***: | | | | | Please Return form to EHS&RM MSC 3578 | |