**NEW MEXICO STATE UNIVERSITY**

**SUPERVISOR ACCIDENT INVESTIGATION REPORT**

(Please print or type)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |