

# Accident Investigation Forms: Supervisor's Investigation

To be completed by the employee's supervisor or other responsible administrative official. This form may be copied as needed.  
Submit this form to [WorkersCompensation@utdallas.edu](mailto:WorkersCompensation@utdallas.edu).

Location where accident occurred: \_\_\_\_\_

Employer's Premises:  No  Yes

Job site:  No  Yes

Date of accident or illness: \_\_\_\_\_

Who was injured? \_\_\_\_\_  Employee  Non-Employee

Time of accident: \_\_\_\_\_  a.m.  p.m.

Length of time with firm: \_\_\_\_\_

Job title or occupation: \_\_\_\_\_

Name of department normally assigned to: \_\_\_\_\_

How long has employee worked at job where injury or illness occurred? \_\_\_\_\_

What property/equipment was damaged? \_\_\_\_\_

Property/equipment owned by: \_\_\_\_\_

What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?  
\_\_\_\_\_  
\_\_\_\_\_

How did injury/illness occur? List all objects and substances involved:  
\_\_\_\_\_  
\_\_\_\_\_

Part of body affected/injured?  
\_\_\_\_\_

Any prior physical conditions?  No  Yes — If so, what?  
\_\_\_\_\_

Nature and extent of injury/illness and property damaged (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Improper instruction          | <input type="checkbox"/> Failure to lockout            | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Lack of training or skill     | <input type="checkbox"/> Unsafe position               | <input type="checkbox"/> Poor ventilation              |
| <input type="checkbox"/> Operating without authority   | <input type="checkbox"/> Improper dress                | <input type="checkbox"/> Improper guarding             |
| <input type="checkbox"/> Horseplay                     | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Improper maintenance          |
| <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Unsafe equipment              | <input type="checkbox"/> Inoperative safety device     |
| <input type="checkbox"/> Failure to secure             | <input type="checkbox"/> Poor housekeeping             | <input type="checkbox"/> Other: _____                  |

Supervisor's corrective action to ensure this type of accident does not recur:  
\_\_\_\_\_  
\_\_\_\_\_

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| Was appropriate Personal Protective Equipment provided to employee?          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was employee trained in the appropriate use of PPE/Proper safety procedures? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Was employee cautioned for failure to use PPE/Proper safety procedures?      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Did employee promptly report the injury/illness?                             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is there modified duty available?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

\_\_\_\_\_  
Supervisor's name

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date