



# Kentucky Safety Program Supervisor's Accident Investigation Report

## Section I: Employee Information

Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Cabinet: \_\_\_\_\_ Department: \_\_\_\_\_  
 Division / Facility / Location: \_\_\_\_\_  
 Length of Employment:  Less than 1 mo.  1-6 mos.  6 mos.-5 yrs  Over 5 yrs.  
 Time in Current Job:  Less than 1 mo.  1-6 mos.  6 mos.-5 yrs  Over 5 yrs.

## Section II: Accident Description

Include Date/Time of occurrence, describe what happened, Task being performed, Object(s) involved.  
 PLEASE BE SPECIFIC:

## Section III: Injury Information

Abrasion  Contusion  Laceration  Puncture  Heat  Avulsion  
 Burn  Dermatitis  Foreign Body  Fracture  Cold  Radiation  
 Inhalation  Absorption  Ingestion  Injection  Sprain  Strain  
 Loss of Consciousness  Cumulative Trauma Disorder  Other: \_\_\_\_\_

## Section IV: Severity

None  Fatality  Lost Time  Restricted Activity/Duty  Job Transfer

## Section V: Body Parts

Head  Face  Neck  Shoulder  Toe  Eye  Back  
 Leg  Knee  Ankle  Foot  Chest  Ear  Arm  
 Hand  Finger  Other: Describe: \_\_\_\_\_

## Section VI: Treatment / Action Taken

None  First Aid Only  Personal Physician  Emergency Room  Admission  
 Medical Monitoring Only  Other: (Describe) \_\_\_\_\_

## Section VII: Causal Factors

Combative Person  Improper Guarding  Inadequate Lighting  Hazardous Storage  
 Defective Equipment  Inadequate Ventilation  Contact w/ Irritants  Hazardous Weather  
 Distraction by Others  Inadequate Warning  Unsafe Surface  Faulty Safety Equip.  
 Faulty / Poor Design  PPE Not Used  Contact w/ Toxin  Unsecured Equip.  
 Hazardous Procedures  Insect/Animal Attack  Poor Housekeeping  Unsafe Procedures  
 Unauthorized Use  Wrong Tool Used  Inhaled Toxin  Unsafe Speed  
 Insufficient Training  Improper Apparel  Unsafe Position  Unsafe Posture  
 Defeated Safety Equip.  Failure to Observe Rules / Regulations  
 Investigation Reveals Accident was Beyond Employee Control  Other: \_\_\_\_\_

## Section VIII: Action(s) Taken to Prevent Recurrence

\_\_\_\_\_

Supervisor

Title:

Date