Supervisor's Accident Report

Location where accident occurred: Was injury promptly reported?	Venue: Load in: Load out:	Date of accident: Time of accident: am ☐ pm ☐
Who was injured?	Was first aid provided? By whom? Phone #	Time shift began: Time shift was to end:
What was employee doing when injury/illness occurred?		
How did injury occur? (Please be as specific as possible)		
Why did it happen?		
Part of body affected/injured: Any prior physical conditions?	What equipment was involved and/or damaged?	
Nature and extent of injuries: (Please be as specific as possible)		

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

___ Failure to lockout	___ Improper maintenance	___ Poor Housekeeping
___ Failure to secure	___ Improper protective equipment	___ Poor Ventilation
___ Horseplay	___ Inoperative safety device	___ Unsafe arrangement or process
___ Improper dress	___ Lack of training or skill	___ Unsafe equipment
___ Improper guarding	___ Operating without authority	___ Unsafe Position
___ Improper instruction	___ Physical or mental impairment	___ Other
What should be done to ensure this type of accident does not recur:		

Supervisors Name	Supervisors Signature	Phone #	Date

Witness Statement

Name:	Phone #:	Date:
Describe fully how accident occurred: (Please be as specific as possible)		
Signature		

ONCE FORM IS COMPLETED FAX TO: (801)328-1307 or E-MAIL: julie@utpgroup.com