
WITNESSES AND OTHER INJURED, ILL OR INVOLVED:

Name: _____ Phone #: _____
#: _____

Name: _____ Phone _____

Name: _____ Phone #: _____
#: _____

Name: _____ Phone _____

SEE REVERSE SIDE OF FORM FOR SECTION IV.

SECTION IV. SUPERVISOR/MANAGER ACCIDENT ANALYSIS

LOSS SEVERITY POTENTIAL:

- Minimal Moderate
- Low Severe

PROBABLE OCCURRENCE RATE:

- Negligible Moderate
- Low High

COST OF CONTROL:

- Minor Medium
- Low High

DEGREE OF CONTROL ACHIEVED:

- None Moderate
- Low Complete

DID INJURED EMPLOYEE RECEIVE PRIOR TRAINING IN TASK?..... YES NO

CONTRIBUTING CAUSES OF ACCIDENT: _____

RECOMMENDATIONS FOR PREVENTION OF RECURRENCE: _____

SUPERVISOR'S REPORT OF WORK INJURY

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HAS, OR WILL THIS ACCIDENT BE REVIEWED IN EMPLOYEE SAFETY MEETINGS?..... <input type="checkbox"/> YES <input type="checkbox"/> NO

IF THIS ACCIDENT MEETS IMMEDIATE REPORTING GUIDELINES TO CAL/OSHA, HAS NOTIFICATION TAKEN PLACE?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
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Supervisor: _____ Date: _____
Manager: _____ Date: _____