

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

Page 2

<hr/> <hr/>

HAS, OR WILL THIS ACCIDENT BE REVIEWED IN EMPLOYEE SAFETY MEETINGS?..... YES NO

IF THIS ACCIDENT MEETS IMMEDIATE REPORTING GUIDELINES TO CAL/OSHA, HAS NOTIFICATION
TAKEN PLACE?..... YES NO

Supervisor: _____ Date: _____
Manager: _____ Date: _____