

SUPERVISOR'S INCIDENT/ACCIDENT REPORT

TYPE OF INCIDENT:

- EMPLOYEE INJURY/ILLNESS
- VANDALISM AND/OR LOSS OF PROPERTY
- VEHICLE ACCIDENT
- OTHER

DESCRIPTION OF INCIDENT/ACCIDENT: Include all pertinent information including date and time, persons involved, person who informed you of the incident, witnesses, etc. Attach additional sheets if necessary.

ANALYSIS: Describe what acts, failures to act or conditions you feel most directly contributed to this incident/accident.

PREVENTION: Describe what action has been taken or do you recommend to prevent a similar incident/accident.

SIGNATURE OF SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_