

Supervisor's Accident / Injury Investigation Report

City of Hendersonville, TN



Employee Name: _____ Employee's Title: _____

Department: _____

Supervisor Name: _____ Supervisor Phone #: _____

Accident/Injury Location: _____

Accident/Injury Address: _____

Why was the employee at the Accident Site: _____

Date Injury Occurred: _____ Time of Injury: _____ AM PM

Date Injury Reported to you: _____ Time injury reported: _____ AM PM

Was Personal Protective Equipment (PPE) properly used? Yes No

Was the employee properly trained in appropriate PPE? Yes No

Was there Ambulance transport of the injured employee? Yes No

Was the employee exposed to blood/bloodborne pathogens? Yes No

If Yes, have you also completed the Infectious Disease Record Yes No

Please provide as much detail as possible in the following questions

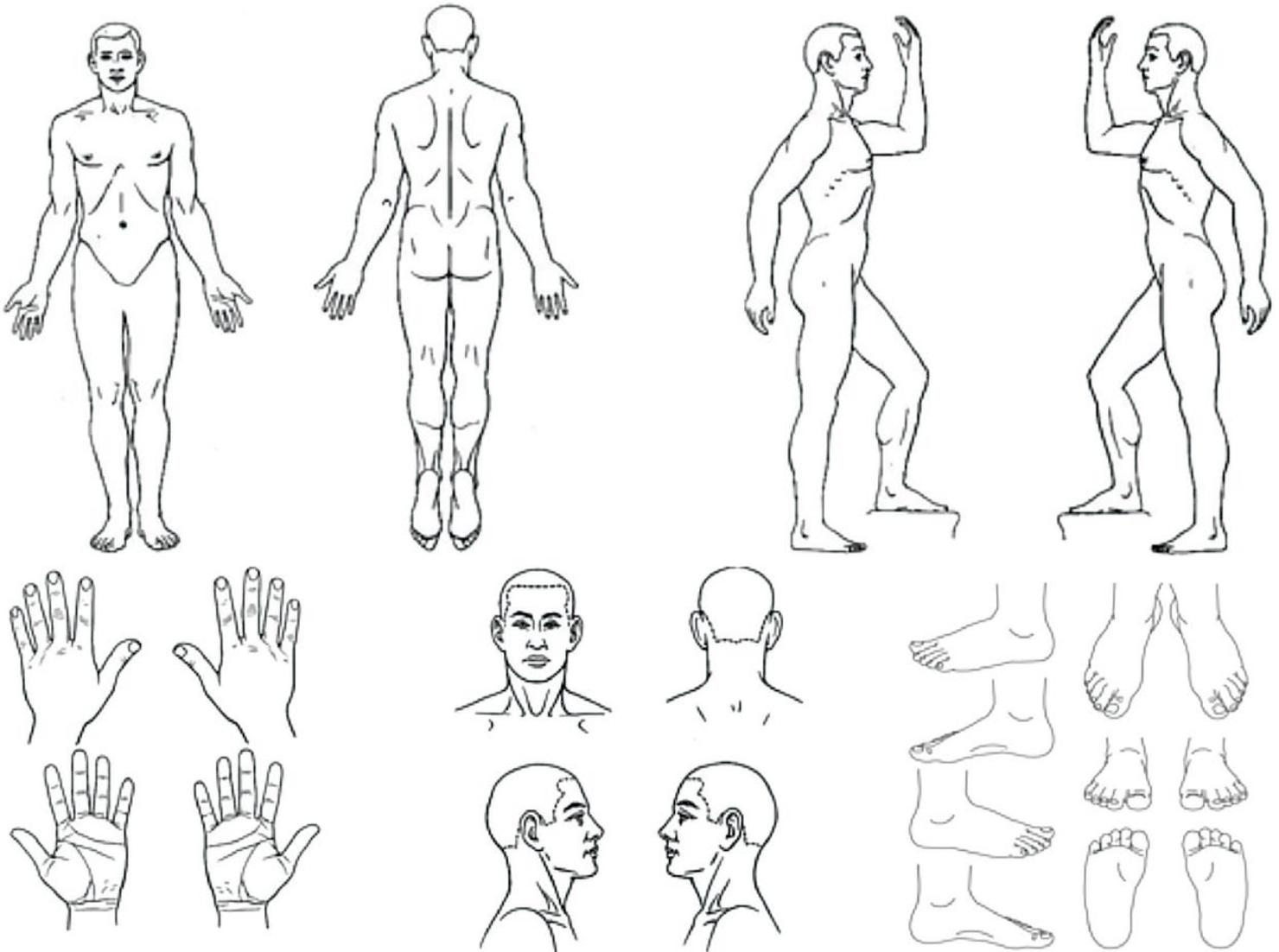
What was the employee doing prior to the injury?

How did the accident/injury occur (please explain in detail, using attachments as necessary)?

Describe factors about the surroundings that contributed to the injury. What object or substance caused the injury/illness?

Describe the injury.

Circle the part(s) of body affected.



What recommendations do you have to prevent a reoccurrence (please be specific)?

Have the above recommendations been implemented?

Yes No

If not, when will implementation take place?

Is there Modified/Light Duty available within the department if required? Yes No N/A

Additional Comments by Supervisor / Department Head:

Please complete, sign, and submit to Administrative Services Department immediately.

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

HR Representative Signature: _____

Date: _____