**SUPERVISOR REPORT OF AN EVENT**

Please check the type of event being reported:

☐ **Accident** (Injury or Property Damage)

☐ **Incident** (Unplanned, undesired event that affects the completion of a task)

☐ **Near Miss** (no injury or property damage occurred, however, a slight shift in time or position could have resulted in either an injury or property damage)

|  |
| --- |
| **Employee Information** |
| **Name:** | **Phone:** |
| **Job title:** | **Supervisor:** |
| **Address:** |
| **Event information** |
| **Date:** | **Time:** |
| **Location:** |
| **Witnesses:** |
| **Description of the Event:** (Include what the employee was doing prior to the event, what equipment, tools were being used) |
| **Was the employee wearing the appropriate PPE?** ☐ Yes ☐ No |
| **Was the employee following the safety procedures?** ☐ Yes ☐ No |
|  |
| **Was first aid administered?** | ☐ Yes ☐ No |
| **Did the employee consult a doctor?** | ☐ Yes ☐ No |
| **Was there lost time?** | ☐ Yes ☐ No If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recommended corrective and preventive action:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date