

Dal-Tek Interiors Ltd.

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

(Circle one) Male Female

What part of the body was injured? Describe in detail. _____

Telephone Number _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses:

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Date of Event _____

Exact location of event:

What caused the event?

Time of Event

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Doctor's Name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

Supervisor Signature

Date