

# THIEL COLLEGE

## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Date of Investigation: ____/____/____	Date and Time of Accident: ____/____/____ ____:____ AM ____:____ PM	Date Supervisor Notified: ____/____/____	If time lost: Disability Began ____/____/____ Or - NO Time Lost:____
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**Injured Employee Name:**

**Gender:** \_\_\_\_ Male \_\_\_\_ Female

\_\_\_\_\_  
(First) (MI) (Last)

**Telephone Number:** \_\_\_\_\_ - \_\_\_\_\_

**Regular Assigned Department:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employee's statement of how accident happened:**

Codes found on the following page.

If applicable indicate: (L) Left or (R) right and (U) Upper or (LW) Lower

ANALYSIS	CODE	COMMENTS
Part of Body Injured:		
Nature of Injury:		
Type of Accident:		
Source or Agent:		
Unsafe Act:		
Hazardous Condition:		

**Findings:**

**Corrective Measures:**

**Property Damage:**

**Nature of Damage:**

**Person Responsible:**

**Estimated Cost of Repairs:**

**Actual Cost of Repairs:**

**INVESTIGATED BY:**

**DATE:**

**REVIEWED BY:**

**DATE:**

**RECOMMEND FURTHER INVESTIGATION:**

**YES**

**NO**

PART OF BODY INJURED		NATURE OF INJURY	
001 Head	013 Finger or Thumb	101 Amputation	116 Pneumocomosis
002 Face	014 Back	102 Asphyxia	117 Radiation Effects
003 Eye(s)	015 Chest	103 Burn or Scald	118 Scratched
004 Ear(s)	016 Lungs	104 Concussion	119 Sprains, Strains
005 Nose	017 Ribs	105 Contusion, Bruise	120 Swollen
006 Mouth	018 Groin	106 Cut, Laceration	121 Multiple Injuries
007 Neck	019 Hip	107 Puncture	122 Not on Chart (NOC)
008 Shoulder	020 Leg	108 Dermatitis	
009 Arm	021 Knee	109 Dislocation	
010 Elbow	022 Ankle	110 Electric Shock	
011 Wrist	023 Foot	111 Fracture	
012 Hand	024 Toe(s)	112 Foreign Body	
		113 Heat Stroke	
		114 Hernia	
		115 Infection	
If Applicable Indicate: Left (L) or Right (R) and Upper (U) or Lower (LW)			
TYPE OF ACCIDENT			
201 Struck against stationary object	209 Contact with electrical current		
202 Struck against moving object	210 Contact with noxious substances by inhalation, absorption, or injection		
203 Struck by falling object	211 Rubbed or abraded		
204 Struck by flying object	212 Vehicle accident		
205 Fall/slip from elevation	213 Stung or bitten by insect or animal		
206 Fall/slip from same level	214 Repetitive Motion		
207 Caught in or between	215 Not on Chart (NOC)		
208 Over-exertion			
SOURCES OR AGENT OF INJURY			
301 Air pressure	316 Ladders		
302 Animals, insects	317 Machines		
303 Boxes, barrels, bags, containers	318 Noise		
304 Chemical or Radiation	319 Paper		
305 Clothing, shoes, jewelry	320 Plants, trees, vegetation		
306 Conveyors	321 Plastic		
307 Electrical apparatus	322 Rock or Gravel		
308 Flame, fire, smoke	323 Soaps, detergents, cleaning compounds		
309 Furniture, fixture	324 Silica		
310 Glass	325 Scrap, waste material		
311 Hand tools (not powered)	326 Steam		
312 Hand tools (powered)	327 Wet or icy surface		
313 Heating equipment	328 Wood		
314 Hoisting apparatus	329 Working or Walking surface		
315 Infections and parasitic agents	330 Not on Chart (NOC)		
UNSAFE ACTS		HAZARDOUS CONDITIONS	
401 Cleaning, oiling, or coming in contact with electrically energized equipment	501 Defects of agencies, apparel (worn, improperly assigned)		
402 Failure to use protective equipment	502 Lack of protective equipment		
403 Failure to wear safe personal attire	503 Excessive noise		
404 Failure to secure or warn	504 Inadequate space, clearance, or ventilation		
405 Horseplay	505 Inadequate traffic control or traffic hazard		
406 Improper use of equipment or tools	506 Improper lighting		
407 Improper use of hands or body parts	507 Use of hazardous or improper material or equipment		
408 Inattention to surroundings	508 Use of hazardous methods or procedures		
409 Making safety devices inoperative	509 Improperly placed or stacked		
410 Operating or working at unsafe speed	510 Inadequate or no labeling		
411 Unsafe position or posture	511 Unsafe or defective physical condition		
412 Driving errors	512 Ungrounded or Uninsulated		
413 Unsafe mixing, placing or combining	513 Unshielded or Unguarded		
414 Using unsafe equipment or tools	514 Inadequately shielded or guarded		
415 Operating without permission/authority	515 Natural hazard		
416 Failure to follow instruction	516 Ergonomically incorrect		
417 Not on Chart (NOC)	517 Not on Chart (NOC)		