

ENVIRONMENTAL HEALTH AND SAFETY

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT

Any Injury, no matter how minor, must be reported immediately in accordance with University Policy SY04

PRINT CLEARLY OR TYPE

EMPLOYEE/WORK UNIT INFORMATION:

Date of Accident or Incident: _____ Time: _____ Date Reported: _____
Employee Name: _____
PSU Campus: _____ Department: _____
Job Title: _____ Supervisor: _____
Witnesses: _____
Name of Investigator: _____

NATURE OF ACCIDENT OR INCIDENT:

Accident or Incident resulted in:	Injury	Illness	Near Miss
Recordability:	No Injury or Illness	Lost Time	No Lost time

Location (Building & Room No.): _____
Nature and Location of Injury (burn to left hand, fracture to left ankle): _____
Description of Accident or Incident: _____

ANALYSIS:

Describe Underlying Cause(s) or Failure(s)-(If known; if not, describe possible cause):

Describe Hazard(s), Unsafe Condition(s) or Act(s):

CORRECTIVE ACTIONS:

Recommended Corrective Action(s):

Action(s) Taken: _____
Date Corrective Actions Implemented: _____ Name (Print): _____
Supervisor Signature: _____ Date: _____

FOLLOW UP:

Safety Committee Recommendations: _____
Special Procedures or Measures Implemented: _____

