

Williams College

Supervisor's Accident Investigation Report

Complete and return this form to Joseph Moran, Manager of the Safety Environmental Compliance Office located in Facilities within 3 days of the incident.

Name of injured or involved person(s) _____

Department/position _____ Tenure at this job classification _____

Date of the accident _____ Location of accident _____

Time of the accident _____ Shift involved _____

Injury type (ex: Burn, Strain, Fracture, etc.) _____

Injured body part(ex: Back, Eye, Foot, etc.) _____

Was first aid given? _____ When, by Whom? _____

Who witnessed the accident? _____

Immediate supervisor's signature _____ Date of investigation _____

Injured employee signature (*if possible*) _____ Date _____

1. WHAT HAPPENED?	Describe in detail the incident that occurred.
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2. WHY DID IT HAPPEN?	Specific unsafe act or condition that caused or contributed to the accident.
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3. RECOMMENDED CORRECTIVE ACTION TO PREVENT RECURRENCE

4. WHAT CORRECTIVE ACTION HAVE YOU TAKEN THUS FAR?

Take or recommend action, depending upon your authority.

For Office use only

Does the Manager of Safety and Environmental Compliance and Assistant Vice President for Operations agree with corrective action to prevent recurrence? If not, what corrective action should be taken? _____

Was corrective action timely? _____

Does the unsafe act or condition that led to this investigation exist elsewhere on the premises?

If yes, what's being done to prevent a similar accident? _____

Manager of Safety and Environmental Compliance _____ Date _____

Assistant VP for Operations _____ Date _____

Reviewed by the Employee Safety Committee _____ Date _____