



## **Accident Report Instructions**

Please complete as much information as possible and save a copy in your files.

### **Do not submit this Accident Report to SIF**

If at a later date you require to submit a First Report of Injury (FROI), please use the information on this Accident Report to complete the FROI. You can include a copy of this Accident Report with the FROI if you wish.



**SUPERVISOR'S ACCIDENT REPORT**

This is NOT a claim form. It is designed for internal tracking purposes only.

If the injured worker seeks medical treatment, misses 1 or more days from work, or requests that a First Report of Injury (FROI) be filed with SIF, please use this information to complete the FROI.

Employer \_\_\_\_\_ Organizational Code \_\_\_\_\_

Name of employee \_\_\_\_\_ Occupation \_\_\_\_\_

Location of accident \_\_\_\_\_

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Date Supervisor notified \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Was employee on duty at time of accident?  YES  NO

Did employee leave work?  YES  No Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Did employee return to work?  YES  NO Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

How did accident happen? (State specific job being performed, machinery, tools or objects involved & factors contributing to the accident) \_\_\_\_\_

Name of witnesses \_\_\_\_\_

Nature of injury (cut, bruise, strain, etc) \_\_\_\_\_

Part of body injured (right knee, left ankle, lower back, etc) \_\_\_\_\_

Name & address of treating physician or hospital \_\_\_\_\_

Was accident caused by a non-company person or faulty equipment?  YES  NO

If yes, please explain: \_\_\_\_\_

Were mechanical guards or other safeguards provided?  YES  NO

If yes, was employee using them?  YES  NO

What corrective action has been taken to prevent similar accidents? \_\_\_\_\_

Date \_\_\_\_\_ Supervisor signature \_\_\_\_\_

Reviewed by \_\_\_\_\_ Position \_\_\_\_\_

Follow-up needed?  YES  NO Date \_\_\_\_\_

If you would prefer to use a booklet version of this form for field use, please contact SIF at 208-332-2137