

# STATE OF ALASKA

## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property \_\_\_\_\_

Job or Activity at Time of Accident \_\_\_\_\_ Date of Accident \_\_\_\_\_

Exact Location \_\_\_\_\_ Time \_\_\_\_\_

1. **WHAT HAPPENED?** \_\_\_\_\_ Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

\_\_\_\_\_

\_\_\_\_\_

2. **WHY DID IT HAPPEN?** \_\_\_\_\_ Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPERATION FACTORS TO BE CONSIDERED:**

<i>Proper</i>	<i>Proper</i>	<i>People</i>
<b>Equipment</b>	<b>Material</b>	
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. **WHAT SHOULD BE DONE?** \_\_\_\_\_ What action(s) will prevent similar accidents in the future?

\_\_\_\_\_

\_\_\_\_\_

4. **WHAT HAVE YOU DONE THUS FAR?** \_\_\_\_\_ Take or recommend action, depending on your authority.

\_\_\_\_\_

\_\_\_\_\_

5. **HOW WILL THIS IMPROVE OPERATIONS?** \_\_\_\_\_ How will it help us meet our objective – ACCIDENT PREVENTION?

\_\_\_\_\_

\_\_\_\_\_

6. **WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?**

Cost of lost wage and medical expenses? .....

Damage to State property or equipment?.....

Damage to third parties, property and people? .....

**TOTAL** \_\_\_\_\_

Investigated By \_\_\_\_\_ Date \_\_\_\_\_

Unit/Division/Department \_\_\_\_\_