



Greene County Accident / Injury Investigation Form

Department	Date and time accident occurred		
Supervisor	Date and time accident was reported		
Location of accident			
Name of injured person	Title (address and telephone number if not an employee)		
Names of witnesses	Title (address and telephone number if not employee)		
Injured person's supervisor at the time of injury (if different from above)			
Description of injury	Person received medical attention	YES	NO
Cause of injury			
Type of equipment the persons was using			
Injured person's description of accident (including circumstances leading up to the accident)			
Cost of medical care			
Number of lost working hours/days			
Cost of hiring/training replacement			

Supervisor's Evaluation:			
	YES	NO	
Has a similar accident or injury happened before?			If yes, when?
Did you know that the employee was doing this Job when the injury or accident occurred?			
Should the employee be doing this Job?			
Was the employee trained to do this job?			
Was the employee doing the job correctly when the accident occurred?			
Were conditions and/or equipment efficient and safe?			
Has the employee done the job correctly in the past?			
Has the employee ever been corrected or retrained because he or she did the job incorrectly?			
Did any obstacles keep the employee from doing the job safely?			
Conflicting procedures?			
Conflicting orders?			
Lack of equipment?			
Rush to finish the job?			
Has the employee been under any stress?			
Are there any morale problems among employees?			
Was the job procedure awkward or unsafe?			
Was personal protective equipment required for performing this job?			
Was it used?			
Was it used correctly?			
Is the job boring?			
Was the accident preventable?			
Recommendations for preventing this accident from recurring in the future:			