**Fayetteville Technical Community College**

**Supervisor’s Accident Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Injured | | |  | | | | | | | | | | ID# |  | | | |
| Job Title | |  | | | | | | | | | | | | | | | |
| Date of Hire |  | | | | | | Time on Current Job | | | yrs | |  | | | | mos. |  |
| Complete Home Address | | | |  | | | | | | | | | | | | | |
| Home Phone |  | | | | | | | | Alternate Phone | | | | |  | | | |
| Work Status Last Workday (if applicable) | | | | | | | |  | | | | | | | | | |
| Lost Workdays and Dates # | | | | | |  | | | | | | Dates | |  | | | |
| Restricted Days and Dates # | | | | | |  | | | | | | Dates | |  | | | |
| Returned to Duty | | | | | yes  no | | | | | | Date Returned | | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Injury | |  | | | | | Time of Injury | |  | | | | AM  PM | |
| Date Reported | |  | | | | | Time Reported | |  | | | | AM  PM | |
| Injury Reported to: | | |  | | | | | | | | | | | |
| (Print Name and Title) | | | | | | | | | | | | | | |
| Specific Location Where In jury/Incident Occurred: | | | | | |  | | | | | | | | |
| Building |  | | | Room # |  | | Parking Lot# |  | | Other | |  | | |
|  | | | | | | | | | | | | | | |
| Supervisor’s Description of Accident: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Was Injured Employee: | | | | | | | | | | | | | | |
| Performing usual customary duties? | | | | | | | | | Yes | | No | | | N/A |
| Performing normal work routine? | | | | | | | | | Yes | | No | | | N/A |
| Working under normal conditions? | | | | | | | | | Yes | | No | | | N/A |
| Using technique appropriate for the task? | | | | | | | | | Yes | | No | | | N/A |
| Adequately trained to perform the task? | | | | | | | | | Yes | | No | | | N/A |
| Using proper protective equipment? | | | | | | | | | Yes | | No | | | N/A |
| To your knowledge, were any safety rules/regulations violated? | | | | | | | | | Yes | | No | | | N/A |
|  | | | | | | | | | | | | | | |
| In your supervisory opinion, could this injury/incident have been prevented/avoided? If yes, explain: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Damage** | | | | | Does not apply | | | Major | | | | | Serious | | | | Minor |
| Vehicle | | | Equipment | | | | | | | | | Private Property |
| Vehicle Identification No: | | | |  | | | | | | Equipment ID No: | | | |  | | | |
| Make: |  | | Model: | | |  | Year: | |  | | | Type of Equipment | | | |  | |
| Driver’s License #: | |  | | | | | | | | | Age of Equipment | | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| Description of Damage to Vehicle or Equipment | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

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| Names and Phone Numbers of Witnesses Interviewed (attach a brief statement from each) | | |
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| --- | --- | --- | --- | --- | --- | --- |
| Supervisor’s Name |  | | | Work Phone | |  |
| Division or Department | | |  | | | |
| Supervisor Signature | |  | | | Date |  |