**Fayetteville Technical Community College**

**Supervisor’s Accident Report**

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| --- | --- | --- | --- |
| 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 |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |       |