GEORGIA INSTITUTE OF TECHNOLOGY ENVIRONMENTAL HEALTH AND SAFETY

SUPERVISORS ACCIDENT INVESTIGATION

Location where accident occurred	Employer's Premises		Y 🗆 N	Date of accident or illness
	Job Site		Y 🗆 N 🗆	
Who was injured?	Supervisor's Phone Number			Time of Accident
Date Employed	Job Title		Department	
Property/Equipment Damaged				
What was the employee doing when the injury/illness occurred? What machine or tool was being used? What type of operation?				
How did the injury/illness occur? List all objects and substances involved.				
Part of body affected/injured?			Any prior physical conditions? If so, what?	
Nature and extent of injury/illnesses and property damaged (be specific)				
PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY/ILLNESSES:				
Failure to Lockout Improper ma		proper maintenance		Poor housekeeping
Failure to Secure		Improper protective equipment		Poor ventilation
		Inoperative safety device		Unsafe arrangement or process
		ack of training or skill		Unsafe equipment
Improper guarding		Operating without authority		Unsafe position
Improper Instruction Physical or mental imp		al or mental impairr	nent	Other
Supervisor's corrective action to ensure this type of accident does not recur:				
Was the employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures?				

Signature:

Date:

Send copy of completed form to EHS General Safety Office via mail, fax or email:

ATTN: EHS General Safety Office: Mail Code: 0465

Fax: (404) 894-5042

Supervisor's Name:

Email: generalsafety@ehs.gatech.edu