



Accident investigation forms/statements should be completed by the injured employee, supervisor and any witness within 72 hours of the accident. Follow the instructions below for appropriate reporting and workflow directives.

- 1 Injured employee to complete **Employee Report of Injury** form
- 2 Witness to complete the **Accident Witness Statement** form.
- 3 Supervisor to complete **Supervisor Accident Report** form.
- 4 Submit the completed packet of forms to The Office of Human Resources.
- 5 HR will process the claim (processing does not automatically approve the claim) and provide claim # and Concentra instructions to employee.
- 6 Regular state employees code their timesheet with "ACT" for any absences related to the submitted claim.

Office of Human Resources

# ACCIDENT INVESTIGATION REPORT

## SUPERVISOR ACCIDENT REPORT

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Injured Employee's Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

Did the accident occur on employer's premises?: Yes No  
If no, please specify accident location: \_\_\_\_\_

Were you immediately notified of the accident?: Yes No

What was the employee doing when injury/illness occurred?:

What machine or tool was being used?

How did injury/illness occur?

Was this accident the result of another party's negligence?

Part of body affected/injured?

Was there any property/material damage? Please specify.

Do you have any concerns about this alleged accident or injury? If so, please specify?

- Was employee trained in the appropriate Personal Protective Equipment/proper safety procedures? Yes No
- Was employee using safety procedures at the time of accident? Yes No
- Is there modified duty available? Yes No

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_