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**Supervisor’s Accident Reporting Form**

FACT Finding Not Fault Finding

Employee’s Name = Job Title =

Date of Injury: Time:

Location Where Injury Occurred:

Name of Witness:

Injured Body Part(s):

Nature of Injury (burn, fracture, cut, etc.):

Describe how injury occurred:

Employee met with EHS on xxx to conduct an accident investigation. We discussed xxx.

Attach additional paper if necessary

Is medical attention required?

Is employee able to continue working?

Supervisor’s Name:

Supervisor’s Signature

Contact Environmental Health and Safety x3448