



Village of Palmetto Bay

Supervisor's Accident/ Injury Report

(to be completed in its entirety immediately after any accident and/or injury)

Employee Name: _____ Employee No.: _____

Date of Accident: _____ Time of Accident: _____

Where did the accident occur?

1. Facility Name: _____

2. Address/ Crossroads: _____

3. Type of Injury: _____ 4. Body Part Injured: _____

6. What happened? *Provide details (what was the employee doing, events leading to incident, etc...)*

7. Do you agree with the description of the incident? YES NO

8. Was 911 contacted? YES NO 9. Was First Aid administered? YES NO

10. Describe any other steps and/or first-aid measures that were taken after the accident?

11. Was the employee transported to a medical facility? YES NO

12. Facility Name: _____

13. Facility Address: _____

14. Was employee hospitalized overnight as an in-patient? YES NO

15. Reason for Accident:

- Uncontrolled slip/fall hazards
- Unsafe conditions
- Equipment was defective
- Equipment utilized the wrong way
- Equipment maintained poorly
- Incorrect or unauthorized equipment for the job
- Other _____

16. Employee was:

- Physically unable to do the job
- Not trained to do the job
- In violation of a law, statute, or ordinance
- Not following proper procedures
- Other _____

17. Were there any witnesses? YES NO 18. Did you question the witnesses? YES NO

19. Names of the Witness(es): _____



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Future Preventative Action Plan

What should be done to prevent similar accidents in the future and how will it improve operations?

- Inspection
- Training
- Better communication
- Personal Protective Equipment
- Teamwork
- Improved procedures
- Selection of personnel
- Other (please explain below)

How will this action improve operations?

What have you done so far (such as recommendations, etc.) to address this incident?

Name of Supervisor Completing Form

Signature of Supervisor Completing Form

Date

Signature of Employee (if available)

Date

Please return the original form to the Human Resources Department and keep a copy for your records.

To be completed by the Human Resources Department:

Notified Fla League of Cities notified (1-877-676-3890)? YES (Please see below) NO

Date: _____ **Time:** _____ **League Rep Name** _____

Employee Information Reported (check all that apply):

- SSN
- Home Address
- Date of Hire
- Frequency of Pay
- Phone No.
- Position
- Rate of Pay Per Hour
- DOB
- Hours Worked Per Week
- Date & time of Injury
- When was accident reported by the employee



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Supervisor's Accident / Injury Investigation Form Instructions

First Steps

1. Investigate each accident immediately after it occurs, no matter how minor.
2. Return the completed form to the Human Resources Department no later than the workday after the accident occurs.
3. Keep one copy for your department's file.

Using the Form

What happened?

- GET ALL THE FACTS by studying the job and conditions where the accident occurred.
- STATE WHAT THE EMPLOYEE WAS DOING when injured (BE SPECIFIC, if the employee was using tools, handling equipment or handling material, name and state what the employee was doing with them).
- STATE HOW THE ACCIDENT OCCURRED. Fully describe the events in which resulted in injury. Tell what happened and how it happened. Name any objects or substances which were involved and how they were involved. Give full details on all factors which led or contributed to the accident.
- STATE WHAT OBJECT DIRECTLY INJURED THE EMPLOYEE. Name object struck against or struck by. If strain or hernia, name the object lifted, pulled, pushed, etc. If injury resulted solely from bodily motion, state the stretching, twisting, etc. which caused the injury).

Reason for the accident. Why did it happen?

- Describe in detail as to the CONDITION RESPONSIBLE for the accident. It will always involve one or more of the OPERATIONS CONTROL FACTORS listed.
- Be specific in identifying the equipment, material and people involved and how they contributed to the accident.

Were there any Witnesses?

Provide names and include phone numbers and addresses if not already on file.

What should be done?

Determine what CORRECTIVE ACTION is needed to prevent a similar accident in the future.

How will this improve operations?

State how the CORRECTIVE ACTION you have taken or recommended will help prevent future accidents.

What have you done thus far?

State what CORRECTIVE ACTION you have taken or recommended to your department director.