

Supervisor's Detailed Assessment of Employee Accident*

Injured Employee's Name _____ Date of Accident _____

1. Type of Accident: _____

2. Cause -- be as specific as possible and provide as much detail as possible:

3. Hazard Assessment of Accident/Work Area: (Please have campus police take photographs ASAP and submit the photographs to HR to supplement your accident report.)

4. Refresher Training: _____

5. Lessons Learned: _____

Supervisor's Signature/Date

Department/Campus

***Please attach to Employers Accident Report form. This is important to ensure that all relevant information regarding the accident can be better understood and if a safety hazard exists or something can be reasonably be done to prevent recurrence, those items can be addressed.**