

**UNIVERSITY OF MISSOURI**

**Supervisor's Accident Investigation Report**

This report should be completed, signed, and submitted to [ron.dunkle@missouri.edu](mailto:ron.dunkle@missouri.edu) [10-1-05]

<b>EMPLOYEE PROFILE:</b>				
Name:		Employee ID:		Campus/Department/Job Title:
Date of Incident:	Time:	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	Location:	Body Part/s:
Task Employee Was Doing:			What Injured employee:	
<b>SUPERVISOR ANALYSIS</b>				
<b>Incident Type:</b>				
<input type="checkbox"/> Slip, Fall – On Ice	<input type="checkbox"/> Overexertion – Strains / Sprain	<input type="checkbox"/> Inhalation	Exposure to:	
<input type="checkbox"/> Slip, Fall – Same Level	<input type="checkbox"/> Struck By or Struck Against	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Temperature Extremes	
<input type="checkbox"/> Slip, Fall – Different Level	<input type="checkbox"/> Burn - Chemical or Heat	<input type="checkbox"/> Absorption	<input type="checkbox"/> Chemicals	
<input type="checkbox"/> Caught In, On, or Between	<input type="checkbox"/> Contact with Electrical Current	<input type="checkbox"/> Bites / Stings	<input type="checkbox"/> Dusts / Particles	
<input type="checkbox"/> Abrasion / Cut / Puncture				
<b>Other:</b>				

<b>Incident / Accident Cause:</b>		
<input type="checkbox"/> Lack of preventative maintenance Defective tool(s) Inappropriate use/misuse of tool(s) Inattentive employee	<input type="checkbox"/> Poor housekeeping Additional help/resource needed Lack of training Resource not used	Safety processes unobserved Employee fatigue PPE (Personal Protective Equipment) not used or inappropriate
<b>Other:</b>		
<b>Corrective Action: (contact Ron Dunkle for consultation of appropriate action)</b>		
Immediate Corrective Action:	Person Responsible for Completing the Action? _____ Date of Completion : _____ Ongoing Monitoring? Yes _____ No _____	
Preventative Action:	Person Responsible for Completing the Action? _____ Target Date of Completion : _____ Actual Date of Completion : _____ Ongoing Monitoring? Yes _____ No _____	
Supervisor Signature:	Date:	
Department Chair/Director Signature:	Date:	