

# SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Washington State University

See S25.25.

EMPLOYEE NAME	DEPARTMENT	ACCIDENT DATE
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	INVESTIGATION DATE

Check all factors contributing to the accident.

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|--|--|---|
| <input type="checkbox"/> <b>HUMAN</b><br>Training<br>Task performance<br>Protective equipment<br>Work history  | <input type="checkbox"/> <b>SITE CONDITIONS</b><br>Physical layout<br>Walking/working surfaces<br>Lighting<br>Weather                              | <input type="checkbox"/> <b>EQUIPMENT/TOOLS/MATERIALS</b><br>Operation<br>Safety guards and controls<br>Condition and maintenance<br>Labels/signs/tags                          |
| <input type="checkbox"/> <b>TIME FACTORS</b><br>Work shift<br>Cause/effect relationships<br>Sequence of events | <input type="checkbox"/> <b>POLICIES AND PROCEDURES</b><br>Safety Policies and Procedures<br>Operating specifications<br>Regulations and standards | <input type="checkbox"/> <b>OCCUPATIONAL EXPOSURES</b><br>Air contaminants<br>Chemicals<br>Noise<br>Biohazards, human body fluids<br>Radiation (See incident report on 90.55.4) |

Explain all checked factors in the space below. Add additional pages for more space and to provide any necessary drawings.

List recommended corrective action. Add additional pages if needed.

Name of Person Responsible for Corrective Action	Department Responsible for Corrective Action
Anticipated Date of Corrective Action	Actual Date of Corrective Action

SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE
SAFETY COMMITTEE SIGNATURE	DATE	DIRECTOR/CHAIR'S SIGNATURE	DATE