

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Washington State University

See SPPM 2.26.

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

Check all factors contributing to the accident.

- | | | |
|---|---|--|
| <input type="checkbox"/> HUMAN
Training
Task performance
Protective equipment
Work history | <input type="checkbox"/> SITE CONDITIONS
Physical layout
Walking/working surfaces
Lighting
Weather | <input type="checkbox"/> EQUIPMENT/TOOLS/MATERIALS
Operation
Safety guards and controls
Condition and maintenance
Labels/signs/tags |
| <input type="checkbox"/> TIME FACTORS
Work shift
Cause/effect relationships
Sequence of events | <input type="checkbox"/> POLICIES AND PROCEDURES
Safety Policies and Procedures
Operating specifications
Regulations and standards | <input type="checkbox"/> OCCUPATIONAL EXPOSURES
Air contaminants
Chemicals
Noise
Biohazards, human body fluids
Radiation (See SPPM 9.35.) |

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