

Supervisor's Investigation Report

(To be completed by employee's supervisor at time of accident)

UNIVERSITY OF MARYLAND

Location where accident occurred		Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of accident or illness
		Job site: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Who was injured?		<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee		Time of accident a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Length of time with firm	Job title or occupation	Name of dept. normally assigned to	How long has employee worked at job where injury or illness occurred?	
What property/equipment was damaged?			Property/equipment owned by:	
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?				
How did injury/illness occur? List all objects and substances involved.				
Part of body affected/injured? Any prior physical conditions? If so, what? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Nature and extent of injury/illness and property damaged (be specific)				

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

- | | | |
|---|--|--|
| <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Improper maintenance | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Poor ventilation |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inoperative safety device | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Improper dress | <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe equipment |
| <input type="checkbox"/> Improper guarding | <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Unsafe position |
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Other _____ |

Supervisor's corrective action to ensure this type of accident does not recur: _____

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures?... Yes No
 Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? Yes No
 Did employee promptly report the injury/illness? Yes No
 Is there modified duty available? Yes No

_____	_____	_____	_____
Supervisor's name	Supervisor's signature	Phone#	Date

*Fax immediately to: EHS Risk Management (410) 706-8212

Please fill in all fields noted in RED