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 ☐ No ☐ Job site: Yes ☐ No ☐	Date of accident or illness
Who was injured?		☐ Employee ☐ Non-Employee	Time of accident a.m. ☐ p.m. ☐
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 ☐ No ☐	
Nature and extent of injury/illness and property damaged (be specific)			

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

☐ Failure to lockout	☐ Improper maintenance	☐ Poor housekeeping
☐ Failure to secure	☐ Improper protective equipment	☐ Poor ventilation
☐ Horseplay	☐ Inoperative safety device	☐ Unsafe arrangement or process
☐ Improper dress	☐ Lack of training or skill	☐ Unsafe equipment
☐ Improper guarding	☐ Operating without authority	☐ Unsafe position
☐ Improper instruction	☐ Physical or mental impairment	☐ 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: Angela Boxley, EHS (410) 706-8212**

Please fill in all fields noted in RED