



RISK ADMINISTRATION SERVICES, INC.

SUPERVISOR'S REPORT OF ACCIDENT

The primary purpose of the SRA is to investigate the accident. It is also used to report the accident to the central office where the First Report of Injury is then completed by administrative personnel. The SRA should be filled out as soon as possible after the accident.

Every accident should be investigated, and the causes corrected so that more accidents will not occur. Do not overlook the so-called "unimportant" cases, because, except for "chance" they could also have been serious. It is only by thorough investigation that many of the real causes can be determined and corrected. This report should not be completed by the injured employee.

INJURED WORKER			
Name of Employee:		Company:	Department:
		Date of Accident:	
Time:	Did Employee lose time from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours lost on date of accident:	Has employee returned to work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:		Service with the Company:	Years in present job:
SAFETY QUESTIONS			
1.	Was injured person properly instructed in safe and efficient methods? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Supervisors should instruct their employees on how to do the job efficiently and safely.</i>		
2.	Did injured person violate any instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>What was the violation?</i>		
3.	Was necessary protective equipment worn? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>The supervisor should have told the employee what personal protective equipment is necessary to do the job. Did the employee wear the personal protective equipment when this job was being done?</i>		
4.	Did poor housekeeping contribute to injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Was the work area clean and well organized? i.e., scraps on the floor, blocked aisles, wet floor, spilled food, etc.</i>		
5.	Did horseplay cause the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Was there inadequate supervision? Did horseplay or practical jokes contribute to the accident?</i>		
6.	Was it caused by something that needed repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>i.e., broken ladder, bad electric cord on drill, etc.</i>		
7.	Should a guard be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>i.e., guard around the belts and pulleys, railing properly in place, guard on saw, etc.</i>		
8.	Did any bodily defect contribute to injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>i.e., poor vision, previous back injury, etc.</i>		
9.	Was it caused by an unsafe act? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Most injuries are caused in part by unsafe acts. An Unsafe Act is something that the injured person or another person did, that he or she should not have done, which led to the accident. Below is a list of the most common unsafe acts and contributing factors:</i>		
	<ul style="list-style-type: none"> 1. Operating without authority 2. Failure to warn or secure 3. Operating at unsafe speed 4. Making safety devices in-operative 5. Using equipment, tools, materials or vehicles unsafely 6. Using defective equipment, materials, tools or vehicles 7. Failure to use personal protective equipment 8. Failure to use equipment provided (except personal protective equipment) 9. Unsafe loading, placing and mixing 	<ul style="list-style-type: none"> 10. Unsafe lifting and carrying (including insecure grip) 11. Taking an unsafe position 12. Adjusting, clearing jams, cleaning machinery in motion 13. Distracting, teasing 14. Poor housekeeping practices 15. Disregard of instructions 16. Lack of knowledge or skill 17. Action of other than injured 18. Others... 	
10.	Did injured report the injury to you, the supervisor, immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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ACCIDENT INFORMATION

Accident – Describe what injured was doing at time of accident, what happened, who was involved, nature of injury, part of body affected. *Example: John was drilling a hole in the ceiling and chips of plaster fell into his eye.*

Witnesses' Names:

Unsafe Acts – What did the employee or another person do incorrectly?

Refer to Question 9 above and examples of Unsafe Acts. Example: John was not wearing proper personal protective equipment.

UNSAFE CONDITIONS

- | | |
|---|----------------------|
| 1. Defective tools, equipment, substances | 6. Improper dress |
| 2. Unsafe design or construction | 7. Poor housekeeping |
| 3. Hazardous arrangement | 8. Congested area |
| 4. Improper illumination | 9. Other |
| 5. Improper ventilation | |

Actions Taken – What did you do to correct the conditions which caused this accident?

Example – John has been re-instructed to wear proper personal protective equipment such as goggles or face shield when drilling overhead.

Remedies – What should your organization do to prevent other injuries like this?

Example – Standard safety policy should be adopted that requires use of personal protective equipment. This policy should be strictly enforced by the supervisors.

MEDICAL CARE

Did employee go to doctor or hospital? Yes No **If yes please complete the following below**

Date of Initial Visit:	Name of Doctor or Hospital:	Address:	Phone:
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As a supervisor, do you feel that this injury should be covered under Workers' Compensation? Yes No

Report Submitted by: (Name and Title)	Date:
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