STATE OF ALASKA

SUPERVISOR’S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property __________________________________________

Job or Activity at Time of Accident ______________________________ Date of Accident ____________

Exact Location __________________________________ Time ____________

1. WHAT HAPPENED? __________________________________________
   Tell what the employee was doing, how the accident occurred, and what thing directly injured the
   employee.
   __________________________________________
   __________________________________________
   __________________________________________

2. WHY DID IT HAPPEN? _________________________________________
   Get all the facts by studying the job and situation involved. Use the following factors to help you identify
   the condition responsible.
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   OPERATION FACTORS TO BE CONSIDERED:
   Proper Proper Proper
   Equipment Material People
   Selection Selection Selection
   Arrangement Placement Placement
   Use Handling Training
   Maintenance Use Supervision

3. WHAT SHOULD BE DONE? _______________________________________
   What action(s) will prevent similar accidents in the future?
   __________________________________________
   __________________________________________

4. WHAT HAVE YOU DONE THUS FAR? ______________________________
   Take or recommend action, depending on your authority.
   __________________________________________
   __________________________________________
   __________________________________________

5. HOW WILL THIS IMPROVE OPERATIONS? __________________________
   How will it help us meet our objective – ACCIDENT PREVENTION?
   __________________________________________
   __________________________________________
   __________________________________________

6. WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?
   Cost of lost wage and medical expenses? ____________________________
   Damage to State property or equipment? ______________________________
   Damage to third parties, property and people? _________________________
   TOTAL __________________________________________

Investigated By ________________________________________________ Date ____________

Unit/Division/Department __________________________________________

FORMS/INVESTIG