

**NEW MEXICO STATE UNIVERSITY
WORKERS' COMPENSATION
SUPERVISOR ACCIDENT INVESTIGATION REPORT**

(PLEASE PRINT OR TYPE)

| | | | | |
|--|---|---|--|---|
| 1. Location Code: | 2. Accident Location (Building, Room #, City): | 3. Time of Accident: _____AM _____PM | 4. Date of Accident: | 5. Date Reported to Supervisor: |
| 6. Nature of Accident: <input type="checkbox"/> Personal Injury <input type="checkbox"/> Personal Injury & Damage to Property | 7. Employee Name: SS# | 8. Was Medical Treatment Needed? | 9. Part of Body: () L () R () Ft () Bk _____ | 10. Lost Time? () YES () NO |
| | 11. Nature of Damage: | 12. Source of Damage: | 13. Witness/Co-Worker: | |
| 14. What happened? Describe In Detail. EMPLOYEE ALLEGES... | | | | |
| | | | | |
| | | | | |
| Carefully Evaluate Job Hazard Analysis and Standard Operating Procedure (SOP) to Answer Questions 15, 16, 17 and 18: | | | | |
| 15. What immediate unsafe acts and/or unsafe conditions contributed to this accident? | | | | |
| | | | | |
| 16. What are the underlying or root causes which allowed the above factor to exist? | | | | |
| | | | | |
| 17. What actions have or will be taken to eliminate the root cause? | | | | |
| | | | | |
| 18. Safety Equipment: () In Place () Used () Needs Improvement () Not Applicable | | | 19. Reviewed by your Department Safety Office: <i>Signature:</i> _____ <i>Date:</i> _____ | |
| 20. Training: <i>Job Specific</i> (task or equipment)-Date: _____ | | <i>General Safety</i> -Date: _____ | | <i>Laboratory Safety</i> -Date: _____ |
| 21. Investigated by: (Immediate Supervisor) <i>Signature:</i> _____ <i>Date:</i> _____ | | 22. Reviewed by: (Next Level Supervisor/Manager) <i>Signature:</i> _____ <i>Date:</i> _____ | | |
| Reviewed by NMSU Safety Office: _____ Date: _____ | | OSHA 200: _____ | <i>Please Return this completed form to Personnel, Box 5273.</i> | |

