LAWSON STATE COMMUNITY COLLEGE
SUPERVISORS WRITTEN REPORT OF ACCIDENT/INJURY

Name of Investigating Supervisor	**Title of Investigating Supervisor**	**Date of Investigation**	
Name of Injured Employee	**Title of Injured Employee**	**Injury Case Number**	

Date employee reported incident/injury	**At the time of the incident/injury employee was working:** ☐ Alone ☐ With crew or fellow worker(s)	**At the time of the incident/injury employee** ☐ Waived Medical Treatment ☐ Requested Medical Treament
Date employee requested medical attention	**Method of Transportation to AUTHORIZED Treating Facility:** ☐ Personal Transportation ☐ City Vehicle ☐ Ambulance ☐ Not applicable	

Give a detailed summary of the incident/injury (include part(s) of body injured):_____

What actions have been taken to preven a reoccurence of this type of accident in your work area?

Unsafe Condition (check all that apply):
☐ Defective tool/equipment ☐ Equipment not properly guarded ☐ Poor housekeeping ☐ Poor working conditions
☐ Slippery or uneven surface ☐ None

Unsafe act resulted from employee (check all that apply):
☐ Lack of training ☐ Not following rules ☐ Improperd work method ☐ Inattention ☐ Improper Body Position
☐ Not using or altering safety devices/PPE ☐ Horseplay ☐ None

_____
Supervisor's Signature

Date _____