HAMILTON COLLEGE
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Report to be completed by employee's/student's supervisor within 24 hours of the accident, and routed to HR upon completion. If hospitalization is required, notify HR immediately (Campus Safety if outside of business hours, and they will notify HR).

Check One	☐ Employee	☐ Student Employee	☐ Student	☐ Other/Visitor

Name:	Age:	Time of Accident: am/pm	Date of Accident:	Returned to Work? ☐ Yes ☐ No

Job Classification/Department:	Job Assignment When Injured:	Location of Accident (Specific):

Nature of Injury:	Was 1st Aid Administered? ☐ Yes ☐ No				
	If yes, by who?	☐ Campus Safety	☐ HCEMS	☐ Self	☐ Other

Disposition of Injured Person:	☐ Went to a hospital/urgent care. If so, which one?	
	If hospital, how? ☐ Escorted by campus personnel ☐ Ambulance	
	☐ Went to Health Center (for students)	☐ None of the above (i.e. 1st Aid only)

Detailed description of accident (what happened)?

_____
_____
_____
_____

Primary cause of accident (why did it happen)?

_____
_____

Injury cause types (check all that apply):

☐ Struck by Tool/Object	☐ Slip/Trip/Fall	☐ Chemical Exposure (Other Route)
☐ Struck Against	☐ Falling/Flying Debris	☐ Faulty Equipment
☐ Strain or Overexertion	☐ Caught On/In Between	☐ Inexperience
☐ Repetitive Motion	☐ Hot/Cold Contact Exposure	☐ Safety Rule Violation
☐ Laceration	☐ Chemical Exposure (Inhalation)	☐ Inattention to Job

☐ Other (describe):

When was supervisor informed of accident?	Were any witnesses present?
Was any equipment involved?	If yes, was there any equipment damage?

Supervisor's/instructor's investigation findings and corrective action recommended/taken to prevent recurrence:

_____
_____
_____

Investigation completed by:	Name:	Date of investigation:
	Signature:	_____/_____/_____
Report reviewed by (HR Dept):	Name:	Date of review:
	Signature:	_____/_____/_____