



**Human Resource/Safety Risk Department  
Supervisor/Employee Accident-Loss Investigation Report**

<b>Name of Supervisor:</b>		<b>Department – Building – Vehicle:</b>	
<b>Exact Location of Accident:</b>	<b>Date of Occurrence:</b>	<b>Time:</b>	<b>Date Reported:</b>

<b>PERSONAL INJURY</b>	<b>PROPERTY DAMAGE</b>
<b>Injured's Name:</b>	<b>Property Damaged:</b>
<b>Occupation:</b>	<b>Nature of Damage:</b>
<b>Injured Part of Body:</b>	<b>Estimated Costs:</b>
<b>Nature of Injury:</b>	<b>Actual Costs:</b>
<b>Object-Equipment-Substance-Inflicting Injury:</b>	<b>Object-Equipment-Substance-Inflicting Damage:</b>
<b>Person with most control of object-equipment-substance:</b>	<b>Person with most control of object-equipment-substance:</b>

	<b>Describe clearly how the accident occurred:</b>
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