Print Form

Supervisor's Accident/Incident Report

Complete this form in its entirety and send to:
TRISTAR Risk Management
Email: CSDPool@tristargroup.net

Note to Employer: It has been established that accidents cost the employer directly approximately four times the amount of compensation, liability and medical expenses.

District (Supervisor ONLY to make out Report) _____

City and State _____ Location of Accident _____

Date of Accident _____ Hour of Accident _____ ☐AM ☐PM

Name of Injured Employee _____

Date of Hire _____

What were Injured Employee's Duties? _____

Fully Describe the Nature of the Accident (below)

Check causes of accident below: Accident causes

I. Unsafe Practices

A. Instructions

☐(A) None ☐(B) Not Enforced
☐(C) Incomplete ☐(D) Erroneous

B. Ability of Employee

☐(A) Inexperienced ☐(B) Unskilled
☐(C) Ignorance ☐(D) Poor Judgement

C. Discipline

☐(A) Disobedience of Rules
☐(B) Interference by Others
☐(C) Fooling

II. Unsafe Condition

A. Physical Hazards Incl. Mechanical, Electrical Steam Chemical Conditions, etc.

☐(A) Ineffectively Guarded
☐(B) Unguarded

B. Housekeeping

☐(A) Improperly Piled or Stored Material
☐(B) Congestion

C. Equipment

☐(A) Defective Tools
☐(B) Defective Machines
☐(C) Defect of Misc. Materials & Equipment

D. Concentration to Job

- ☐ (A) Attention Distracted
- ☐ (B) Inattention

D. Unsafe Conditions

- ☐ (A) Fire Protection
- ☐ (B) Exits
- ☐ (C) Floors
- ☐ (D) Openings
- ☐ (E) Miscellaneous
- ☐ (F) Weather

E. Unsafe Practices

- ☐ (A) Chance Taking
- ☐ (B) Short Cuts
- ☐ (C) Haste

E. Poor Working Conditions

- ☐ (A) Poor Ventilation
- ☐ (B) Inadequate Sanitation
- ☐ (C) Inadequate Light
- ☐ (D) Excessive Noise

F. Temperament

- ☐ (A) Sluggish or Fatigued
- ☐ (B) Violent Temper
- ☐ (C) Excitability

F. Workplace Hazards

- ☐ (A) Layout of Operations
- ☐ (B) Layout of Machinery
- ☐ (C) Unsafe Processes

G. Physical Condition

- ☐ (A) Fatigued
- ☐ (B) Weak
- ☐ (C) Taking Medication

G. Dress or Apparel

- ☐ (A) No Goggles, Gloves, Masks, Etc.
- ☐ (B) Unsuitable, Long Sleeves, Etc.
- ☐ (C) Shoes/Boots, Defective, Etc.

What recommendation can you make to eliminate above cause(s) of accident?

Have you communicated the accident prevention recommendations from above to other crew members and supervisors within the special district? ☐ Yes ☐ No

Did you send injured to first aid room? (If answered "Yes" we assume that you checked up to see that injured employee actually received treatment) ☐ Yes ☐ No

My signature below indicates only that I have completed this form to the best of my knowledge of the facts.

Signature of Supervisor: Date:

My signature below indicates only that I have read and understand the above information, however, my signature does not necessarily indicate agreement with its contents.

Signature of Employee: Date:

Comments: