SUPERVISOR'S REPORT OF ACCIDENT OR INJURY
CITY OF LACONIA

To be completed by immediate supervisor of employee involved in an accident or injury.

PLEASE PRINT. THIS FORM WILL BE USED TO FILL OUT REQUIRED FORMS. DO NOT LEAVE ANY INFORMATION BLANK.

DATE OF THIS REPORT: _____
DATE YOU WERE NOTIFIED BY THE EMPLOYEE: _____

☐ INJURY ☐ VEHICLE / EQUIPMENT ☐ EXPOSURE

EMPLOYEE NAME:_____

JOB TITLE: _____ DEPARTMENT: _____

DATE AND TIME OF INCIDENT: _____ A.M./P.M. _____

LOCATION OF INCIDENT (*Exact*): _____

IF MOTOR VEHICLE OR EQUIPMENT: WAS LPD NOTIFIED? YES ___ NO ___
(Attach Citizen Reference Card provided by LPD) IF NOT, WHY? _____

DESCRIBE IN DETAIL HOW ACCIDENT HAPPENED BASED ON YOUR INVESTIGATION:
INCLUDING BUT NOT LIMITED TO: What task was the employee performing? How was the employee injured? Where there any unsafe acts or problems? Was any equipment defective or misused? Was the weather a factor? Employee statements; witness statements

_____
_____
_____
_____
_____
_____
_____

Answer where applicable:

- WEATHER/ROAD CONDITIONS: _____
- WAS PERSONAL SAFETY EQUIPMENT BEING WORN:_____
- TYPE OF FOOTWEAR BEING WORN: _____
- WERE THERE ANY OTHER EMPLOYEES INVOLVED IN THE INCIDENT? _____
  IF YES, HOW? _____
- WERE THERE ANY WITNESSES? YES ___ NO ___ IF YES, WERE THEY INTERVIEWED?
  YES ____ NO____ IF YES, PLEASE ATTACH NOTES.

- EQUIPMENT INVOLVED _____

  WERE SAFEGUARDS IN PLACE? _____

- WAS EMPLOYEE WEARING A SEAT BELT? _____ IF NO, WHY NOT?
  _____

- IS THERE A POLICY OR PROCEDURE THAT COVERS THIS SITUATION?
  YES ___ NO____ IF NO, SHOULD THERE BE ONE? _____

- WAS THIS AN EMERGENCY SITUATION? YES ___ NO___

- DID EMPLOYEE HAVE ADEQUATE EMPLOYEE BACK UP TO PERFORM THE TASK?
  YES___ NO___

- COULD THE TASK HAVE BEEN DELAYED UNTIL ADEQUATE HELP WAS ON HAND?
  YES____ NO_____

- DID THE EMPLOYEE HAVE PROPER EQUIPMENT TO PERFORM THE TASK?
  YES___ NO___

WHAT HAVE YOU DONE TO PREVENT THIS OR A SIMILAR INCIDENT FROM OCCURRING IN THE FUTURE? (Please check all that apply):

- ☐ Provide additional training for this employee
- ☐ Remind this individual about awareness
- ☐ Caution other employees about this situation
- ☐ Adjust the equipment involved or recommend the purchase of equipment
- ☐ Other _____
  _____

COULD ANYTHING HAVE BEEN DONE DIFFERENTLY BY THE INDIVIDUAL TO AVOID THIS ACCIDENT? ☐ YES ☐ NO. IF YES, DESCRIBE _____

WHAT ACTS, FAILURES TO ACT AND/OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS ACCDIENT?

_____
_____
_____
_____

INVESTIGATED BY: _____ DATE:_____ TIME:_____

SUPERVISOR'S SIGNATURE _____

PLEASE FORWARD TO THE PERSONNEL DIVISION WITHIN TWO WORK DAYS; IF YOU CANNOT, PLEASE CONTACT THE PERSONNEL DIVISION AT 524-3877 OR AT baumoelp@city.laconia.nh.us