Personnel/Safety Risk Department
Supervisor/Employee Accident-Loss Investigation Report

Name of Supervisor:	**Department – Building – Vehicle:**		
Exact Location of Accident:	**Date of Occurrence:**	**Time:**	**Date Reported:**

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

	Describe clearly how the accident occurred: