

Loss Control Tool Supervisor's Accident Report



Name of Employee:

Age:

Sex:

Date of Accident:

Time:

Exact Location:

Job Classification:

Department:

Description of Job Duties:

How long has the employee been doing this job?

Description of Accident

Describe clearly how accident occurred (included what employee was doing at time of accident):

Cause of Accident

Indicate the unsafe acts and/or conditions which directly contributed to this accident:

Corrective Action Taken

List what you should do to prevent a reoccurrence of this type of accident.

Supervisor's Accident Report

Suggested Training:

Have these corrective actions been taken? Yes No

If not, when will they be completed?

Date of Report

Signature of Supervisor

Questions?

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A (excellent) rating by A.M. Best Company



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