

**Hamilton College**  
**Supervisor's Accident Investigation Report A-1**

Report to be completed by employee's/student's supervisor within 24 hours of the accident, and forwarded to Human Resources upon completion.				
(Check One)    _____ Employee    _____ Student Worker    _____ Student				
Name:	Age:	Time of Accident	Date of Accident	Date Returned to Work
Job Classification	Job Assignment when Injured	Length of Service	Location of Accident (specific)	
Nature of injury and any first-aid administered:				
Doctor/Hospital referred to:				
Detailed description of accident:				
_____ _____ _____ _____				
Primary cause of accident:				
_____ _____ _____				
Injury cause types (check all that apply): <input type="checkbox"/> Struck by Tool/Object <input type="checkbox"/> Slip/Trip/Fall <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Struck Against <input type="checkbox"/> Falling/Flying Objects <input type="checkbox"/> Inexperience <input type="checkbox"/> Strain or Overexertion <input type="checkbox"/> Caught On/In/Between <input type="checkbox"/> Safety Rule Violation <input type="checkbox"/> Hot/Cold Contact <input type="checkbox"/> Inattention To Job <input type="checkbox"/> Other (describe) _____				
When was supervisor informed of accident?	Were any witnesses present?			
Was any equipment involved?	If yes, was there any equipment damage?			
Supervisor's/instructor's investigation findings and corrective action recommended/taken to prevent recurrence:				
_____ _____ _____				
Investigation completed by: _____ <div style="text-align: center;">(Supervisor/Instructor)</div>			Date of investigation: _____/_____/_____	
Report reviewed by: _____ <div style="text-align: center;">(Human Resources)</div>			Date of review:	