

**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: _____		
<input type="checkbox"/> INJURY	<input type="checkbox"/> VEHICLE / EQUIPMENT	<input type="checkbox"/> 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 ACCIDENT?

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 baumoejp@city.laconia.nh.us