

# NMCIA

## 3. SUPERVISOR'S REPORT OF ACCIDENT

County: \_\_\_\_\_ Department: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

### JOB CLASSIFICATION

- Administration/Clerical
- Animal Control
- Custodian
- Detention Officer/Supervisor
- EMT/Paramedic
- Equipment Operator
- Field Worker/Crew Member
- Firefighter (Paid or Volunteer)
- Law Enforcement Officer/Supervisor
- Maintenance Worker
- Mechanic
- Supervisor
- Truck Driver
- Welder
- Other \_\_\_\_\_

### TYPE OF CONTACT

- Animal
- Assault, e.g., offender assaults
- Caught In, On, Between, or Under
- Contact With, e.g. bloodborne pathogen, chemical, noise, weather extremes, etc.
- Fall from Elevation, e.g., different height
- Fall from same Level
- Motor Vehicle Accident
- Overexertion, e.g., strains, ergonomic, etc.
- Struck By or Against
- Other \_\_\_\_\_

**Form to be completed by  
injured/affected employees' supervisor.**

### CAUSE(S)

#### Unsafe Act(s)

- Failure to use PPE
- Horseplay/misuse
- Improper lifting/loading
- Operation without authority/training
- Working on equipment in operation
- Other \_\_\_\_\_

#### Unsafe Condition(s)

- Defective tools, equipment, or material
- Fire & explosion hazard
- Inadequate engineering controls
- Inadequate guards or barriers
- Inadequate illumination
- Inadequate or improper PPE
- Inadequate maintenance
- Inadequate supervision
- Inadequate warning system
- Inadequate ventilation
- Lack of experience (skill)
- Lack of knowledge (training)
- Poor housekeeping
- Other \_\_\_\_\_

**Event Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does County/Department have policy or procedure for this activity?	<b>YES</b>	<b>NO</b>
If so, was the policy or procedure followed?	<b>YES</b>	<b>NO</b>

**PREVENTATIVE MEASURES TAKEN**

- Counsel/sanction employee/supervisor
- Repair tool, equipment, or material
- Improve design or layout
- Improve housekeeping
- Improve maintenance
- Provide proper PPE
- Train employee
- Train supervisor
- No Action Practical
- Other \_\_\_\_\_

**Policy/Procedures**

- Develop new policy/procedure
- Enforce policy/procedure
- Revise policy/procedure

What action was taken to prevent similar occurrences? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Loss Prevention Coordinator and/or Safety Committee Concurrence: **YES** **NO**