

NMAC 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?	YES	NO
If so, was the policy or procedure followed?	YES	NO

PREVENTATIVE MEASURES TAKEN

<input type="checkbox"/>	Counsel/sanction employee/supervisor	Policy/Procedures	<input type="checkbox"/>	Develop new policy/procedure
<input type="checkbox"/>	Repair tool, equipment, or material		<input type="checkbox"/>	Enforce policy/procedure
<input type="checkbox"/>	Improve design or layout		<input type="checkbox"/>	Revise policy/procedure
<input type="checkbox"/>	Improve housekeeping			
<input type="checkbox"/>	Improve maintenance			
<input type="checkbox"/>	Provide proper PPE			
<input type="checkbox"/>	Train employee			
<input type="checkbox"/>	Train supervisor			
<input type="checkbox"/>	No Action Practical			
<input type="checkbox"/>	Other _____			

What action was taken to prevent similar occurrences? _____

Supervisor Name: _____ Date: _____

Employee Signature: _____ Date: _____

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