



INTERCARE HOLDINGS INSURANCE SERVICES, INC.

SUPERVISOR'S INVESTIGATION REPORT OF EMPLOYEE ACCIDENT
(TO BE COMPLETED BY SUPERVISOR OR INDIVIDUAL INVESTIGATING THE ACCIDENT)

1. Employee: \_\_\_\_\_ Employer: \_\_\_\_\_
Position: \_\_\_\_\_ Date of Injury: \_\_\_\_\_
Department: \_\_\_\_\_ Time of Injury: \_\_\_\_\_
Date of Hire: \_\_\_\_\_ Date Reported: \_\_\_\_\_

2. Describe injury: \_\_\_\_\_

Describe first aid treatment: \_\_\_\_\_

3. Describe the accident thoroughly (what happened; location of accident; actions, tools, conditions etc...)

4. What is the immediate cause of the injury - indicate both activity and condition:

5. List other contributing causes (refer to instruction if necessary):

- a \_\_\_\_\_
b \_\_\_\_\_
c \_\_\_\_\_
d \_\_\_\_\_
e \_\_\_\_\_

6. Thoroughly describe all actions taken to correct accident causes listed above.

7. What follow-up actions will be taken to prevent another occurrence?

8. Does employee want to see a physician? [ ] Yes [ ] No

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_