

**ENVIRONMENTAL HEALTH AND SAFETY  
SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT**

Any Injury, no matter how minor, must be reported immediately in accordance with University Policy SY04

PRINT CLEARLY OR TYPE

**EMPLOYEE/WORK UNIT INFORMATION:**

Date of Accident or Incident:	Time:	Date Reported:
Employee Name:		
PSU Campus:	Department:	
Job Title:	Supervisor:	
Witnesses:		
Name of Investigator:		

**NATURE OF ACCIDENT OR INCIDENT:**

Accident or Incident resulted in:	Injury	Illness	Near Miss
Recordability:	No Injury or Illness	Lost Time	No Lost time
Location (Building & Room No.):			
Nature and Location of Injury (burn to left hand, fracture to left ankle):			
Description of Accident or Incident:			

**ANALYSIS:**

Describe Underlying Cause(s) or Failure(s)-(If known; if not, describe possible cause):

Describe Hazard(s), Unsafe Condition(s) or Act(s):

**CORRECTIVE ACTIONS:**

Recommended Corrective Action(s):

Action(s) Taken:

Date Corrective Actions Implemented:	Name (Print):
Supervisor Signature:	Date:

**FOLLOW UP:**

Safety Committee Recommendations:

Special Procedures or Measures Implemented: