**MANAGER/DIRECTOR ‘S ACCIDENT INVESTIGATION**

**To be completed by the employee’s Manager/Director or other responsible administrative official.**

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| --- | --- |
| Location where accident occurred | Date of Injury |
| Name of Injured employee | Time of accident |
| Length of time with DIEC | Job title or occupation |
| What was the employee doing when injury occurred? Include type of tool or machinery being used, if applicable. |
| How did the injury occur? List all objects and substances involved. |
| Part of body affected/injured? |
| Any prior physical conditions? [ ]  Yes [ ]  No If so, what? |
| Nature and extent of injury/illness and property damaged. (Be specific) |
| Please indicate all of the following which contributed to the injury. |
| [ ]  Unguarded equipment | [ ]  Non-employee |
| [ ]  Employee carelessness | [ ]  Horseplay |
| [ ]  Deliberate violation of safety rule | [ ]  Poorly maintained equipment |
| [ ]  Another employee | [ ]  Pressure to work faster |
| [ ]  Lack of training or skill | [ ]  Other |
| Manager/Director’s corrective action to ensure this type of accident does not recur: |
| Did employee promptly report the injury? | [ ]  Yes [ ]  No |
| Manager/Director’s Name | Phone Number |
| Manager/Director’s Signature | Date: |