**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: | |