



**Instructions:** Please refer to the accident checklist for step-by-step instructions on how to handle an injury/illness on a job site. **Please fill this form out in its entirety. There is information on this form that I cannot get elsewhere for the OSHA Log requirements.** Thank you for your assistance.

## Supervisor's Accident Report

|  |  |  |
|--|--|--|
| Location where accident occurred? (IE dock or stage etc.)          | Venue:   | Date of accident:  |
| Was the Injury promptly reported?                                  |  | Time of Accident <span style="float: right;">AM <input type="checkbox"/></span><br>PM <input type="checkbox"/> |
| Who was injured?   | Was First Aid Provided?    YES   NO<br>By Whom?<br>Phone # | Time shift began:<br><br>Time shift was to end:  |
| What was the employee doing when the injury/illness occurred?      |  |  |
| How Did the injury occur? (Please be as specific as possible)      |  |  |
| Why did it happen?   |  |  |
| Part of body affected/injured?<br>Any prior physical conditions?   | Any equipment involved and/or damaged?                     |  |
| Nature and Extent of injuries? (Please be as specific as possible) |  |  |

**PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS**

|   |   |  |
|---|---|--|
| _____ Failure to lockout<br>_____ Failure to secure<br>_____ Horseplay<br>_____ Improper dress<br>_____ Improper guarding<br>_____ Improper instruction | _____ Improper maintenance<br>_____ Improper protective equipment<br>_____ Inoperative safety device<br>_____ Lack of training or skill<br>_____ Operating without authority<br>_____ Physical or mental impairment | _____ Poor housekeeping<br>_____ Poor ventilation<br>_____ Unsafe arrangement or process<br>_____ Unsafe equipment<br>_____ Unsafe position<br>_____ Other |
|---|---|--|

**PLEASE INDICATE ANY OF THE FOLLOWING PPE (PERSONAL PROTECTIVE EQUIPMENT) THE EMPLOYEE WAS USING:**

|              |                        |                |                       |
|--------------|------------------------|----------------|-----------------------|
| _____ Gloves | _____ Steel-Toed Boots | _____ Hard Hat | _____ Reflective Vest |
|--------------|------------------------|----------------|-----------------------|

|   |   |      |
|---|---|------|
| What Should Be done to ensure this type of accident does not recur? |   |      |
| Is there video recording of the incident available?                 | If yes, please provide the venue contact information: |      |
| Supervisor Name   | Supervisor Signature                                  |      |
| Phone #   | Email Address   | Date |

ONCE FORM IS COMPLETED EMAIL TO: [workcomp@utpgroup.com](mailto:workcomp@utpgroup.com) or fax to (801) 328-1307 If submitted through our website this form will be emailed to us immediately.