



DIOCESE OF ALEXANDRIA

Supervisor Investigation Report

Of Alleged Incident / Accident

Parish _____

Name of Investigator:	Department:	Title:
Name of Employee Reporting the Accident:	Age of Employee:	Length of Employment:
Place the Accident Occurred:	Time of Accident:	Date of Accident:
Task Being Performed by the Employee at the Time of the Accident:	Was the Task Being Performed Required for Employment? _____ Yes _____ No	
What Equipment was the Employee Using?	Was anyone else Involved? Fill out a separate form if - Yes _____ Yes _____ No	Did the Employee See a Doctor or Go to the Hospital? _____ Yes _____ No
What, in Your Judgment, Caused the Accident?	Recommendations of Investigator:	
Recommendations of the Safety Supervisor:	Signature: _____	Date: _____
Action Taken:	Investigator	_____
	Safety Officer	_____