

**NEW MEXICO STATE UNIVERSITY  
WORKERS' COMPENSATION  
SUPERVISOR ACCIDENT INVESTIGATION REPORT**

(PLEASE PRINT OR TYPE)

<b>1. Location Code:</b>	<b>2. Accident Location (Building, Room #, City):</b>	<b>3. Time of Accident:</b> _____AM _____PM	<b>4. Date of Accident:</b>	<b>5. Date Reported to Supervisor:</b>
<b>6. Nature of Accident:</b>  <input type="checkbox"/> Personal Injury  <input type="checkbox"/> Personal Injury & Damage to Property	<b>7. Employee Name:</b>  SS# _____	<b>8. Was Medical Treatment Needed?</b>  _____	<b>9. Part of Body:</b> ( ) L ( ) R ( ) Ft ( ) Bk _____	<b>10. Lost Time?</b>  <input type="checkbox"/> YES ( ) NO
	<b>11. Nature of Damage:</b>  _____	<b>12. Source of Damage:</b>  _____	<b>13. Witness/Co-Worker:</b>  _____	
<b>14. What happened? Describe In Detail. EMPLOYEE ALLEGES...</b>  _____  _____  _____				
Carefully Evaluate Job Hazard Analysis and Standard Operating Procedure (SOP) to Answer Questions 15, 16, 17 and 18: <b>15. What immediate unsafe acts and/or unsafe conditions contributed to this accident?</b>  _____  _____				
<b>16. What are the underlying or root causes which allowed the above factor to exist?</b>  _____  _____				
<b>17. What actions have or will be taken to eliminate the root cause?</b>  _____  _____				
<b>18. Safety Equipment:</b> ( ) In Place ( ) Used ( ) Needs Improvement ( ) Not Applicable			<b>19. Reviewed by your Department Safety Office:</b> <i>Signature:</i> _____ <i>Date:</i> _____	
<b>20. Training:</b> <i>Job Specific</i> (task or equipment)-Date: _____		<i>General Safety</i> -Date: _____		<i>Laboratory Safety</i> -Date: _____
<b>21. Investigated by:</b> (Immediate Supervisor) <i>Signature:</i> _____ <i>Date:</i> _____		<b>22. Reviewed by:</b> (Next Level Supervisor/Manager) <i>Signature:</i> _____ <i>Date:</i> _____		
Reviewed by NMSU Safety Office: _____ Date: _____		OSHA 200: _____	<i>Please Return this completed form to Personnel, Box 5273.</i>	