



SUPERVISOR'S REPORT OF ACCIDENT OR INJURY CITY OF LACONIA

To be completed by immediate supervisor of employee involved in an accident or injury.

PLEASE PRINT. THIS FORM WILL BE USED TO FILL OUT REQUIRED FORMS. DO NOT LEAVE ANY INFORMATION BLANK.

Date of this report: _____
Date you were notified by the employee: _____

Injury	Vehicle / Equipment	Exposure
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Employee name: _____

Job title: _____ Department: _____

Date and time of incident: _____ A.M. / P.M. _____

Location of incident (exact):

If motor vehicle or equipment: was LPD notified? Yes No

(Attach citizen reference card provided by LPD) If not, why? _____

Describe in detail how accident happened based on your investigation:
Including but not limited to: What task was the employee performing? How was the employee injured?
Were there any unsafe acts or problems? Was any equipment defective or misused? Was the weather a factor?
Employee statements; witness statements

Answer where applicable:

- Weather / Road conditions: _____
- Was personal safety equipment being worn: _____
- Type of footwear being worn: _____
- Were there any other employees involved in the incident? Yes No
If yes, how? _____
- Were there any witnesses? Yes No If yes, were they interviewed? Yes No
If yes, please attach notes.

- Equipment involved _____
- Were safeguards in place? Yes No
- Was employee wearing a seat belt? Yes No If no, why not?

- Is there a policy or procedure that covers this situation?
Yes No If no, should there be one? Yes No
- Was this an emergency situation? Yes No
- Did employee have adequate employee backup to perform the task? Yes No
- Could the task have been delayed until adequate help was on hand? Yes No
- Did the employee have proper equipment to perform the task? Yes No

What have you done to prevent this or a similar incident from occurring in the future? (Please check all that apply):

Provide additional training for this employee

Remind this individual about awareness

Caution other employees about this situation

Adjust the equipment involved or recommend the purchase of equipment

Other _____

Could anything have been done differently by the individual to avoid this accident? Yes No

What acts, failures to act and/or conditions contributed most directly to this accident?

Investigated by: _____ Date: _____ Time: _____

Supervisor's Signature: _____

Please forward to the Human Resources office within two days; if you cannot, please contact Lindsey Allen at 524-3877 ext 152 or via email at lallen@laconianh.gov.