

C.C.T. Workers' Compensation



21 Colville Street | P.O. Box 150, Nespelem, WA 99155
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Supervisor's Accident Report of Injury

Employment Status

Full time Part time Temporary
On-Call Seasonal Wex
Contract Stipend Summer Youth

Accident Classification

First Aid only Death
Medical Treatment Lost time

COMPLETE ALL INFORMATION

1. Name: _____ Home/Mobile Phone: _____
2. Department: _____ Occupation/Title: _____
3. Rate of pay: _____ \$ _____ per HOUR/Week/Month (circle one)
4. Length of employment: _____
5. How many days/hours per week is employee employed? _____
If seasonal, give total weekly hours: _____ Regular days off: _____
6. Shift hour: _____ Rotating shift: _____
7. Last day worked: _____ Location of accident: _____
8. Date of Injury: _____ Time: _____
9. Date reported to supervisor: _____ Time: _____
10. Was the employee engaged in regular course of his/her duties at time of accident: YES NO
11. If NO, explain: _____
12. Provide description of accident/exposure: _____

13. Part of body affected: _____ Left Right

14. Cause of accident

Unsafe Acts

1. Inadequately Guarded	1. Operating without authority
2. Unguarded	2. Operating at unsafe speed
3. Defective tools, equipment or substance	3. Making safety devices inoperable
4. Unsafe design or construction	4. using unsafe equipment or equipment unsafely
5. Hazardous arrangement	5. Unsafe loading, placing, mixing
6. Unsafe illumination	6. Taking unsafe position
7. Unsafe ventilation	7. Working on moving or dangerous equipment
8. Unsafe clothing	8. Distraction, teasing, horseplay
9. Insufficient instruction	9. Failure to use personal protective devices
10. Other: _____	

15. Why was the unsafe act committed: _____
16. Why did the unsafe conditions exist: _____
17. What was the job assignment at time of accident: _____
18. List Witnesses (attach statements): _____
19. Guides to corrective action:
 - a. Unsafe acts
 1. Stop behavior 2. Study the job 3. Instruct (tell, show, try, check) 4. Follow up 5. Enforce
 - b. Unsafe Conditions
 1. Remove 2. Guard 3. Warn 4. Supervisor Training
 - c. If Supervisor can't handle, then recommend to
 1. Boss 2. Safety Committee 3. Maintenance 4. Other _____
 - d. Follow up
20. Actions taken to prevent future injuries: _____

Immediate Supervisor's Signature Date

Workers' Compensation Official Date