# Supervisor's Report of Accident Exposure



Every accident has a cause and most can be prevented.

Profit from your experience and investigate every accident, regardless of whether injury results, and correct the conditions responsible before they cause other accidents.

An accident is any occurrence from which bodily injury or damage to property may result, regardless of whether any injury or damage does result.

All accident causes are subject to control. The following are some of the basic causes of accidents:

## **Employee Characteristics**

- Haste, short cuts, and taking chances
- Guards provided but not used
- · Personal safety devices

## furnished, but not used

- · Improper or unsafe tool or equipment used
- Horseplay or fooling around
- Instructions or rules

#### disregarded

- Inattention
- Inexperience
- Physical condition
- Improper body position
- Improper method of doing work
- Action of fellow worker
- Improper clothing

#### Supervisory

- No instructions given
- Incomplete instructions
- Rules, standards, or instructions not enforced
- Personal safety devices not provided (goggles, safety belts, safety hats, safety shoes, masks, respirators, etc.)
- Proper or safe tools or equipment not provided
- Inadequate inspection of equipment or workplace
- Improper procedure in doing work
- Poor job planning
- Haste
- Improper training

**Equipment or Materials** 

Ineffectively guarded equipment

Unguarded equipment

**Defective tools** 

Defective material

Defective equipment (not motor

vehicles)

Improper type or poorly designed equipment or materials

Unsafe equipment or material of

others than employer

**Unsafe Conditions** 

Poor light

**Poor ventilation** 

Congestion

Improper piling or storing

Exits or emergency escapes

inadequate or not provided

Faulty layout of plant or

facilities

Tools, equipment, or materials

scattered around

Slippery floors

Unsafe conditions caused by

someone other than employer or employee

### **Preventing Accidents**

Save your copies of the accident reports

Compare accident causes periodically

Determine the most frequently occurring cause

Eliminate the common accident causes

Supervisor's Report of Accident/Exposure	
Employer	
Division	
Name of Injured	
<b>Occupation</b>	
Part of Body Injured	
Hour a.mp.m.	
Name and Address of Physician	
Nature of Accident Exposure	
Did Injured Leave Work?	

Was Injured Acting in Regular Line of Duty?	
Where Did the Accident Occur?	
What Steps Should Be Taken to Prevent a Similar Accident?	
Date	
Supervisor's Signature	
	made any knowingly false or fraudulent materials for the purpose of obtaining or denying workers' guilty of a felony.

This report does not satisfy an employer's obligations to report work related injuries to your workers' compensation insurance carrier or to Cal/OSHA.