

Supervisor Accident Interview Checklist

Employee Details

Date of Interview

Employee Name

Job Title

Department

Accident Details

Date of Accident

Time of Accident

Location of Accident

Description of Accident

Was anyone else involved?

Injuries Sustained

Witness Information

Witness Names and Contact Information

Cause Investigation

What Happened? (Sequence of Events)

Root Cause Analysis

Corrective Actions

Immediate Actions Taken

Further Preventative Actions/Recommendations

Supervisor Notes

Additional Comments

Supervisor Name

Signature

Date