



South Plains Staffing Company

PO Box 19421 Amarillo, TX 79114

**Supervisors Accident Investigation Report**

Client: 01 – Utility Contractors of America

Injury/Illness Involved  
( ) Yes ( ) No

Location: \_\_\_\_\_

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Accident Date \_\_\_\_\_

Accident Time: \_\_\_\_\_ ( ) AM ( ) PM

Nature and Extent of Injury: \_\_\_\_\_

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Description of Accident: (What happened, where, task being performed)

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Accident Cause: (Why did accident occur, direct and indirect causes:

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Corrective Action Required: (What action taken to prevent recurrence)

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Schedule for Corrective Action: (How, when, and by whom)

Referred to for Corrective Action: \_\_\_\_\_

Target Completion Date: \_\_\_\_\_

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Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed and Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

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