



UTILITY CONTRACTORS OF AMERICA, Inc.

5805 CR 7700, Lubbock, TX 79424

(806) 863-2642, Fax # (806) 863-4132

Supervisors Accident Investigation Report

Company: Utility Contractors of America

Injury/Illness Involved
() Yes () No

Location: _____

Employee: _____

Position: _____

Accident Date _____

Accident Time: _____()AM ()PM

Nature and Extent of Injury: _____

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

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

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

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

Referred to for Corrective Action: _____

Target Completion Date: _____

Supervisor's Signature: _____

Date: _____

Reviewed and Approved by: _____

Title: _____
