

**YAMHILL COUNTY  
SUPERVISOR'S ACCIDENT REPORT**

Department \_\_\_\_\_ Date of Report \_\_\_\_\_

Name of Injured Employee: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date/Time of Injury: \_\_\_\_\_ Exact Location \_\_\_\_\_

Witnesses: \_\_\_\_\_

**INJURY:** (Circle as appropriate)

Face or Head	Hands or Fingers	Wounds	Amputation	First Aid
Eyes	Legs	Strain/sprain	Burns	Dr's Care
Body	Toes or Foot	Hernia	Foreign body	Lost Time
Arms	Internal	Fracture	Skin	Death

Remarks:

---

**ACCIDENT:**

Describe accident including details about location, equipment, and employee's activity:

---

**CAUSE** (Circle any appropriate phrase)

**UNSAFE ACTS**

Operating without authority  
Operating at unsafe speed  
Making safety devices inoperative  
Using unsafe equipment or equipment unsafely  
Taking unsafe position  
Working on moving or dangerous equipment  
Distraction, teasing, horseplay  
Failure to use personal protective equipment  
Other:  
Other:

**UNSAFE CONDITIONS**

Inadequate or unguarded  
Defective tools, equipment, or substance  
Hazardous arrangement  
Improper illumination  
Improper ventilation  
Unsafe clothing  
Unsafe design or construction

Why was the unsafe act committed? \_\_\_\_\_

Why did the unsafe condition exist? \_\_\_\_\_

**PERSONAL DEFECTS:**

General observations (attitude, lack of knowledge or skill, physical deficiency) \_\_\_\_\_

---

**BACKGROUND:**

Are there any contributing factors other than job-related? \_\_\_\_\_

## GUIDES TO CORRECTIVE ACTION

What are you as a supervisor doing to prevent similar accidents?

What followup do you plan?

What further recommendations?

Immediate Supervisor: \_\_\_\_\_

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

Safety Supervisor: \_\_\_\_\_