

City of Hammond Supervisor Accident/Incident Report

Date of Accident: _____ Time of Accident: _____ am/pm

Date of Notification: _____ Time of Notification: _____ am/pm

Name of Claimant/Employee: _____

Address: _____ Phone#: _____

What factors contributed to this accident? _____

What were your findings following investigation of the accident or incident? (Please indicate if there was any prior knowledge and/or outstanding work orders.) _____

Were all policies and procedures followed? _____ If no, explain: _____

What corrective action was taken? _____

If employee related, list any training related to this accident/injury completed by the injured employee (Give Dates of Training): _____

If needed, what follow-up training was conducted? _____

Supervisor's Signature: _____

Position: _____ Date/Time of Report: _____

Department Head Signature: _____ Date/Time: _____