

**ALL parts of this form MUST be completed by the supervisor in conjunction with the Employee Accident Report.**  
 This form must be submitted directly to Integrated Absence Management and Vocational Services upon completion.

## SECTION 1: PARTICIPANT INFORMATION

Employee's Full Name: First	M.I.	Last	OSU Employee ID#
Supervisor's Full Name: First	M.I.	Last	Phone Number, Ext.
Date report completed: _____	Report completed on date of incident?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 2: PERSONAL PROTECTION

**Required Personal Protective Equipment:**

<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> PPE-Other: _____
<input type="checkbox"/> Head Protection	<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Face Protection
<input type="checkbox"/> Foot Protection	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Fall Protection

**Was Required Personal Protective Equipment used?**

Yes  No      If not, explain: \_\_\_\_\_

## SECTION 3: CONTRIBUTING FACTORS OR CONDITIONS

**Period when incident occurred:**

Entering or leaving work       During normal work shift       Overtime or unscheduled work shift

**Unsafe Conditions:**

<input type="checkbox"/> Bypassed Guard or Device	<input type="checkbox"/> Inadequate Guard	<input type="checkbox"/> Lack of Required PPE	<input type="checkbox"/> Improper or Defective Clothing
<input type="checkbox"/> Defective Safety Device	<input type="checkbox"/> Inadequate Lighting	<input type="checkbox"/> Missing Safety Guard	<input type="checkbox"/> Unstable Walking Surface
<input type="checkbox"/> Defective Tool or Article	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Unguarded Hazard	<input type="checkbox"/> Improper Work Station Layout
<input type="checkbox"/> Training Deficiency (Specify): _____			

**Unsafe Actions:**

<input type="checkbox"/> Bypassing a safety device	<input type="checkbox"/> Distractions or horseplay	<input type="checkbox"/> Operating at an unsafe speed	<input type="checkbox"/> Using equipment improperly
<input type="checkbox"/> Bypassing a policy or instruction	<input type="checkbox"/> Failure to use approved tools	<input type="checkbox"/> Servicing energized equipment	<input type="checkbox"/> Improper lifting technique
<input type="checkbox"/> Bypassing a safety guard	<input type="checkbox"/> Failure to wear approved PPE	<input type="checkbox"/> Using defective equipment	<input type="checkbox"/> Improper posture or ergonomics

**Was a witness statement submitted with the Employee Accident Report?**  Yes  No

Upon completion of this Supervisor Accident Analysis Report 1) the following details were found to have occurred, and 2) corrective measures will be taken as follows: