



SUPERVISOR'S ACCIDENT/INJURY FORM

AUXILIARY SERVICES CORPORATION
1121 N State College Blvd, Fullerton, CA 92831

- 1. Please complete entire form.
2. Return within 48 hrs to ASC Human Resources.
3. Place one copy in the employee's permanent record.

Department: _____

Supervisor: _____

Section One: Employee's Information

Form with fields for Employee's Full Name, Social Security #, Date of Birth, Job Title, Hire Date, Time Employee Started Work, Date of Accident/ Injury, Time of Accident/Injury, and Exact Location of Incident.

Section Two: First Aid/Modifications

Table with 6 columns: Question, Yes, NO, Question, YES, NO. Contains questions about first aid, emergency room, modified duty, and lost time.

Section Three: Type of injury

Form for injury details including a grid for body parts affected, type of injury, and three numbered questions about the incident.

Section Four:

If this accident occurred due to an unsafe condition, please indicate which of the options below best describe the condition; follow up with a brief explanation:

Defective equipment, Improper illumination, Wet floor surface, Hazardous arrangement, Improper ventilation, ineffective safety equipment

Explanation: _____

Section Five:

1. What corrective action will prevent another occurrence:

2. Describe the training that the employee has received or will receive to prevent another accident:

3. _____ YES NO

4. If unsafe equipment was the cause, has the problem been corrected? YES NO

Explain: _____

5. Witness statement on how the accident occurred:

6. Did a view of the accident sight support the type of accident? YES NO

Explain: _____

Signature of Supervisor: _____

Date: ____ / ____ / ____

Section Six: Employee Statement

What were you doing immediately before the accident occurred? _____

How did the accident occur? _____

How could the accident have been prevented? _____

What Part(s) of your body did you injure?

When you sign, you are also stating that you have received training on how to avoid such an accident in the future.

Signature of Employee: _____ Date: ____ / ____ / ____