

**HOUSTON  
CONTROLS**

*Instrument, Electrical  
Analytical Specialists*

Construction Supervisor's Package  
Accident Investigation Report

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Oct 12, 2010  
Revision A

UNIT # \_\_\_\_\_ LOCATION (ADDRESS) \_\_\_\_\_ DATE \_\_\_\_\_

MAKE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_ VIN \_\_\_\_\_

DESCRIBE THE  
ACCIDENT: \_\_\_\_\_

DID YOU WITNESS THE ACCIDENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

WHO DID WITNESS THE ACCIDENT: \_\_\_\_\_

WHAT UNSAFE CONDITION CONTRIBUTED TO THE ACCIDENT: \_\_\_\_\_

WHAT PREVENTATIVE MEASURE CAN BE TAKEN: \_\_\_\_\_

NAME OF INJURED/INVOLVED EMPLOYEE: \_\_\_\_\_

**COMPLETE THE FOLLOWING FOR PERSONAL INJURY / ACCIDENTS**

EMPLOYEE'S DOB: \_\_\_\_\_ EMPLOYEE'S SSN: \_\_\_\_\_ EMPLOYEE'S DL#: \_\_\_\_\_

EMPLOYEE'S ADDRESS: \_\_\_\_\_

DATE INJURED STOPPED WORKING: \_\_\_\_/\_\_\_\_/\_\_\_\_

INJURED'S JOB TITLE: \_\_\_\_\_ PERFORMING REGULAR WORK: \_\_\_\_\_ YES \_\_\_\_\_ NO

HAD THE INJURED BEEN INSTRUCTED ABOUT THE HAZARDS OF THE JOB: \_\_\_\_\_ YES \_\_\_\_\_ NO

WHAT WERE THE APPARENT INJURIES: \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT