Amarillo College Workers' Compensation
On-Site Supervisor's Accident Investigation Report

Name of Injured Employee		Supervisor Name	
Supervisor Address	City	State	ZIP
Date of Injury		Time ◯ AM ◯ PM	
Description of accident (continue of separate sheet if necessary):			
Has the employee lost any time from work after the injury? ☐ Yes ☐ No			
Specify lost dates/hours:			
What injury did the employee sustain?			
Where did the accident occur?			
Was personal protective equipment (PPE) required? ☐ Yes ☐ No			
Was it provided? ☐ Yes ☐ No			
Was it being utilized? ☐ Yes ☐ No			
Explain:			
Were safety rules followed? ☐ Yes ☐ No			
Explain:			
Was the employee ever warned about unsafe work habits? ☐ Yes ☐ No			
If yes, explain:			
What was the primary cause of the accident?			
What corrective action is necessary to prevent a recurrence?			
Was the accident witnessed? ☐ Yes ☐ No			
List Witnesses below:			
#1 Name		Telephone #	
#2 Name		Telephone #	
#3 Name		Telephone #	

Signature of Supervisor _____ Date_____

It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

E-mail the completed form to Amarillo College Human Resources – Employee Health at: employeehealth@actx.edu for processing.