

MAXCIS, INC.

**SUPERVISOR'S ACCIDENT
INVESTIGATION REPORT**

Employer's Name: _____

Employee Name: _____ Job Classification: _____

Dept.: _____ Date Of Injury: _____ Time: _____ am pm

First Aid given: (Yes No) by whom, what:

Sent to Medical Facility: (Yes No): Name: _____

Address: _____

State: _____ Zip: _____

Witnesses: _____

Where did injury occur (exact location):

Description of Injury:

Equipment / Action causing injury:

What Happened:

Why did it happen:

Corrective action (s) to prevent recurrence

Working: _____

Signed: _____

Lost Time: _____

Title: _____