

UMBI Supervisor's Accident Report

(To be completed by the employee's supervisor or other responsible administrative official AND faxed immediately to UMBI HR at (410) 385-6345)

Injured employee: _____
Last First Middle

UMBI Unit: _____ Date of accident: _____ Time of accident: _____ AM _____ PM

Location of accident: _____
Bldg. Address Area (hallway, etc.)

Describe what was the employee doing when injury/illness occurred? What machine or toll was being used? What type of operations?

Describe fully how accident occurred (continue on other side, if necessary):

Describe bodily injury sustained (be specific about part(s) of body affected) (continue on other side, if necessary):

Please indicate all of the following which contributed to the injury or illness:

- | | | |
|---|--|--|
| <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Improper maintenance | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Poor ventilation |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inoperative safety device | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Improper dress | <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe equipment |
| <input type="checkbox"/> Improper guarding | <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Unsafe position |
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Other _____ |

Supervisor's corrective action to ensure this type of accident does not recur:

Do you agree with the employee's version of the incident? Yes No If no, explain (continue on other side, if necessary):

Is there other information you wish to provide regarding this incident? If yes, please explain.

Name of supervisor: _____ Work Phone: _____

Signature of supervisor: _____ Date: _____