

SUBLIMITY FIRE DISTRICT

SUBJECT: Supervisors Accident Investigation	O.G. NUMBER: _____
PURPOSE: To provide Supervisors Accident Investigation	Original Date: 10/8/03 Officers Approval 10/16/03 Board Approval Revision Date

Standard Operating Guidelines

SUPERVISOR ACCIDENT INVESTIGATION REPORT

Name of District: _____

Address: _____

Supervisor: _____ Work Phone: _____

Employee: _____ Date of Hire: _____

Age: _____ Department: _____

Job Title: _____

Accident Date: _____ Accident Time: _____

Describe Accident: _____

List the conditions that led to the accident: _____

Recommendations to prevent recurrence: _____

Reviewed by Safety Committee: Yes _____ Date: _____

Reviewed by Manager/Administrator: Yes _____ Date: _____