



# Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

Office of Risk Management

TELEPHONE: (850) 599-3453  
FAX: (850) 412-5438

## FAMU EMPLOYEE ACCIDENT INVESTIGATION REPORT

*This form must be completed by the SUPERVISOR of the injured employee. Your investigation should be thorough so it can be determined if the accident occurred as a result of an **unsafe act**, an **unsafe condition**, or **employee negligence**.*

(Please Print)

1) EMPLOYEE:		
a) Job Title:		
Job Class:	Dept:	
Supervisor		
b) Date of accident		
Time of accident:	AM	PM
c) Witnesses : 1)		
2)		
2) Employee Injury:		
3) Accident Location:		
4) <b>**DESCRIBE HOW THE ACCIDENT OCCURRED:</b>		
a) Was injury work related?	YES	NO
b) Was medical treatment available?	YES	NO
c) Was medical treatment received?	YES	NO
d) Medical treatment facility:		
e) Was protective safety equipment available?	YES	NO
f) Was protective safety equipment used?	YES	NO

6) Was the injury due to an unsafe condition?	YES	NO
a) If the answer is yes, explain the hazardous condition and what has been done to remove or correct the condition.		
7) Was the injury due to an unsafe act?	YES	NO
a) If the answer is yes, explain the situation and indicate if training is available to correct this behavior.		
8) Does the injured employee have a recommendation to prevent the accident from happening again? If yes, explain.	YES	NO
9) Does the supervisor agree with the recommendation?	YES	NO
a) What resources are necessary to implement the recommendation or explain why the recommendation cannot be implemented.		
10) If other details or remarks are applicable, please indicate in the area provided?		
This form should be sent to the Risk Management at POM Bld. - Suite 125 immediately upon completion. We can be reached by fax at (599-8024)		
Supervisor's signature & phone number:		
Employee's signature:		
Date:		
Note: If the employee is not available for signature, indicate so on your report. The employee shall be aware of the supervisor's comments.		

**\*\*ATTACH SEPARTE PAGE(S) IF ADDITIONAL SPACE IS NEEDED TO DESCRIBE HOW THE ACCIDENT OCCURRED**