

MCCARRAN INTERNATIONAL AIRPORT

SUPERVISOR'S REPORT OF INJURY ACCIDENT

INSTRUCTIONS: THE EMPLOYEE'S SUPERVISOR COMPLETES THIS FORM AND ATTACHES IT TO THE C-3 FORM. AFTER THE MANAGER APPROVES THE REPORT, THE SUPERVISOR SENDS BOTH FORMS TO THE DEPARTMENT OF AVIATION SAFETY OFFICER.

EMPLOYEE(S) INVOLVED: _____

DATE OF ACCIDENT: _____ TIME: _____ LOCATION: _____

WHAT WAS THE INJURED EMPLOYEE DOING BEFORE THE ACCIDENT? _____

HOW DID THIS ACCIDENT OCCUR? _____

WHAT CAUSED THIS ACCIDENT TO OCCUR? _____

WHY DID THIS ACCIDENT HAPPEN? _____

NAMES OF WITNESSES: _____

WHAT DID THE WITNESSES SAY ABOUT THE ACCIDENT? _____

WHAT DO YOU INTEND TO DO TO PREVENT FUTURE ACCIDENTS OF THIS TYPE? _____

WAS PROPERTY DAMAGED? () IDENTIFY THE PROPERTY _____ COMPLETE A PROPERTY REPORT

YOU MAY USE THE REVERSE OF THIS FORM FOR FURTHER COMMENTS OR RECOMMENDATIONS. IN YOUR JUDGEMENT, IF YOU FEEL A CLAIM FOR WORKERS' COMPENSATION SHOULD BE DENIED, IT SHOULD BE INDICATED ON THE C-3 FORM AND CONTACT THE SAFETY OFFICER FOR ASSISTANCE.

SUPERVISOR COMPLETING THE REPORT: (PRINT NAME) _____ SIGNED: _____

MANAGEMENT REVIEW

I HAVE READ THIS REPORT AND AGREE WITH THE FINDINGS

PRINT NAME: _____ SIGNED: _____ DATE: _____