

<p>22. Task and activity at time of accident</p> <p>General type of task:</p> <p>Specific activity:</p> <p>Employee was working: <input type="checkbox"/> Alone <input type="checkbox"/> With fellow worker(s) <input type="checkbox"/> Other, Specify</p>	<p>23. Posture of employee</p> <hr/> <p>24. Supervision at time of accident</p> <p><input type="checkbox"/> Directly supervised <input type="checkbox"/> Indirectly supervised</p> <p><input type="checkbox"/> Not Supervised <input type="checkbox"/> Supervision not feasible</p>
---	---

25. Causal Factors. Events and conditions that contributed to the accident.

26. Corrective Actions. Those that have been, or will be, taken to prevent recurrence.

<p>Prepared by</p> <p>Name:</p> <p>Title:</p> <hr/> <p>Signed _____ Date _____</p>	<p>Approved by</p> <p>Name:</p> <p>Title:</p> <hr/> <p>Signed _____ Date _____</p>
--	--