MAINE SCHOOL MANAGEMENT ASSOCIATION

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in the State of Maine 1-800-660-8484
Telephone: (207) 622-3473 Fax: (207) 620-7090
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SUPERVISOR'S INCIDENT REPORT

This report should be completed within 24 hours of the incident while the facts are still fresh in the minds of witnesses and should be filed with the department responsible for the processing of Workers' Compensation claims.

Name of injured employee ______________________________

Occupation when injured ______________ School ______________

Was employee performing regular occupation? ________ If not, what occupation? ________

Was employee experienced/trained in this occupation?________ Secondary Employment? ________

Date of injury ______________ Hour of day ________ AM ____ PM _____

Describe the events which resulted in the injury or disease ______________________________

____

____

Primary Cause of Injury ______________________________

____

Action taken to prevent recurrence______________________________

Describe the injury /disease and indicate body parts affected (specify **(L) or (R) side**)______________

____

Do you have any questions or concerns pertaining to this injury? Yes ________ No ________

If "yes," please explain ______________________________

____

Are you aware of any pre-existing or contributory injuries/conditions? ______________

____

Name(s) of any witnesses ______________________________

Was medical treatment provided? ____Doctor: ______________________________

Hospital: ______________________________

Were you notified by the injured employee of this injury? ________ If so, when? ________

Did employee lose any time from work? ________ If so, when did disability start? ________

Has employee returned to work? ____________ When? ______________

Light Duty _______ Regular Duty _______ Number of Hours ________ Rate of Pay $____________

Any Light Duty work available? ______________________________

______________________ Date

______________________ Signature

______________________ Phone number

______________________ (Position and Department)

J:\WCOMP\WC\ER REPORT

“ORIGINAL”

Please copy this form onto GREEN paper if available.

Thank You