

SUPERVISOR'S REPORT OF WORK-RELATED INJURY

Time of Incident _____ **Date of Incident** _____

Employee Name _____

Work Location _____

Department: _____

Exact Location of Incident (Be specific i.e. Facility name, address, room number)

Job Title _____ **Number of years in current Job** _____

Description of accident/incident (include machine, equipment, or material involved):

Was activity within course of employment _____ **Yes** _____ **No**

Was the cause due to any unsafe condition or act (include failure to use protective devices, no authority, unsafe equipment or any other contributing factors)

Was accident caused by or contributed by a careless 3rd party? If so, whom? (E.g. name of manufacturer, installer, etc.)

Was safety equipment provided? _____ **Yes** _____ **No**

Was it used? _____ **Yes** _____ **No**

Could this accident have been prevented? _____ **Yes** _____ **No**

If so, how?

What actions or recommendations will be taken to prevent further acts/ incidents?

Has the condition been corrected? _____ **Yes**

No (why?) _____

Did the incident result in any disciplinary action? (Explain) Yes /No

Do you agree with the employee's description of the accident? _____ Yes _____ No

If no, explain:

Who was the accident first reported to and when?

Part of body injured:

(Be specific i.e. right or left, finger, ankle, upper back, lower back, neck)

Type of Injury:

(Be specific i.e. cut, scrape, burn, strain)

Degree of Injury:

Was the employee sent for medical treatment and if so where?

Witness to injury: (Name, job title and Phone number)

Is the employee losing time from work? ___ Yes ___ No

Supervisor's Signature _____ Date _____ Dept. _____

Principal's Signature: _____

Date: ___ / ___ / _____ (mm/dd/yyyy)

Additional Notes/Comments:
