

Appendix B – Supervisor’s Report of Employee Injury

Employee name: _____ Position: _____

Department: _____ Volunteer: Yes
 No

Hire date: _____ Injury date: _____ Time: _____ am/pm Date reported: _____

Location of accident (be specific):

Describe injury and ensuing treatment:

Describe the accident completely (what happened, i.e., actions, tools, area, conditions):

Contributing causes:

1. _____
2. _____
3. _____
4. _____
5. _____

Corrective action implemented (engineering, administrative):

Corrective action follow up date(s): _____

Investigation completed by: _____ Title _____ Date: _____

Reviewed by: _____ Title _____ Date: _____

Continue report on separate pages as needed. Attach statements made by injured employee and/or witnesses.