

IMMEDIATE SUPERVISOR'S REPORT OF EMPLOYEE INJURY

MUST BE TYPED

Department location & street address _____	
Name of Injured _____ SSN _____	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Nature of injury/illness _____ Hour _____	Job Title (occupation) _____ Date of hire _____
Who gave 1st aide, if any? _____	# hrs. worked in last 24 hrs. _____ Date of last safety training meeting attended _____
Was this a normal work assignment/function? _____	Name of Physician _____ Was injured acting in regular line of duty? _____
Last day worked _____	Date returned to work _____
If blood/body fluid exposure: Source name _____	ID Number _____
Describe the accident and department where the injury occurred.	
Name of witness and phone # _____	Name of witness and phone # _____

IMMEDIATE SUPERVISOR'S EVALUATION

Analysis of accident	Please mark the reason that, in your opinion, caused the accident. In most cases there will be several reasons under both unsafe conditions and unsafe acts contributing to the accident. <i>Fill out in detail.</i>
AN UNSAFE CONDITION EXISTED (Check all that apply.)	
<input type="checkbox"/> Defective Equipment - tools <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Slippery or uneven walking surfaces <input type="checkbox"/> Equipment not properly guarded <input type="checkbox"/> Faulty layout of facilities <input type="checkbox"/> Poor working conditions (lights, ventilation, etc.) <input type="checkbox"/> Other (specify) _____	
What have you done to eliminate this condition? _____	
AN UNSAFE ACT RESULTED FROM (Check all that apply.)	
<input type="checkbox"/> lack of training <input type="checkbox"/> Not using personal safety devices <input type="checkbox"/> Horseplay <input type="checkbox"/> Not following rules <input type="checkbox"/> Physical or mental handicap <input type="checkbox"/> Improper work method <input type="checkbox"/> Haste; chance taking <input type="checkbox"/> Boredom, inattention <input type="checkbox"/> Improper body position <input type="checkbox"/> Other (specify) _____	
What have you done correct this act? (Person contacted, work request submitted, i.e.) _____	

Employee's Signature _____	Date _____	Signature of Dept. Head _____	Date _____
Supervisor's Signature _____	Date _____	Dept. Safety Rep. Signature _____	Date _____

PROVIDE TWO COPIES TO THE SAFETY DIVISION. KEEP COPY FOR YOUR FILES.