

## SUPERVISOR'S REPORT OF WORK INJURY

Date of Report \_\_\_\_\_

Injured Employee \_\_\_\_\_ Age \_\_\_\_\_

Job Title \_\_\_\_\_ Employee Number \_\_\_\_\_

Location \_\_\_\_\_ Department \_\_\_\_\_

Date of Hire \_\_\_\_\_ Time in this job (months) \_\_\_\_\_

Time on this shift (months) \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Exact Location \_\_\_\_\_

Names of Witnesses \_\_\_\_\_

Injury to:

Face or Head     Legs     Eyes     Toes or Foot     Body  
 Internal     Arms     Lungs     Hands or Fingers  
 Other \_\_\_\_\_

Type of Injury:

Lacerations     Amputation     Strain or Sprain     Burns     Hernia  
 Foreign Body     Fracture     Skin     Puncture     Gas

Abrasion       Other \_\_\_\_\_

Treatment:

First Aid       Nurse       Doctor's Care       Serious       Lost time

Fatality

Remarks: Be specific (L or R arm, etc.) \_\_\_\_\_

---

---

Describe how employee was injured: (What was employee doing? What duty or task?)

---

---

---

What happened that resulted in this injury? (Examples: slipped, fell, was struck)

---

---

---

1What factors do you believe contributed to this accident? (Consider methods, procedures, tools, machines, equipment arrangements, instructions, rules, inherent hazards, skill, experience, materials, and other factors.) \_\_\_\_\_

---

---

How could such an accident have been prevented or avoided?

---

---

---

The investigating Committee (People to be included in the accident investigation are listed below.)

1. Injured Employee \_\_\_\_\_

2. Immediate Supervisor \_\_\_\_\_

3. Safety Committee person \_\_\_\_\_

4. Shop Steward \_\_\_\_\_

5. Department Head (or Rep.) \_\_\_\_\_

6. Witnesses \_\_\_\_\_

7. Safety Dept. Representative \_\_\_\_\_

8. Designated Union Safety Rep. \_\_\_\_\_

9. Manager or Appointed Rep. \_\_\_\_\_

Note: Report to be completed by immediate supervisor and turned in to the Safety Department no later than the end of the day following the injury. All lost time injuries or fatalities must be promptly reported.

Important: All fatalities or accidents resulting in five or more persons being hospitalized must be reported to the appropriate federal or state agency enforcing OSHA regulations within the time limits applicable.

PEOPLE TO BE INCLUDED IN ACCIDENT INVESTIGATIONS:

## Near Miss/No Injury

The extent of the investigation will be left to the discretion of the supervisor.

## Slight (First Aid)

### Immediate Investigation

1. Injured Employee
2. Immediate Supervisor

## Nurse Case

### Immediate Investigation

1. Injured Employee
2. Immediate Supervisor
3. Safety Committee person

## Doctor Case

### Immediate Investigation

1. Injured Employee
2. Immediate Supervisor
3. Safety Committee person
4. Shop Steward
5. Department Head (or Rep.)
6. Witnesses

## Final Investigation

1. Injured Employee
2. Immediate Supervisor

13. Safety Committee person
4. Shop Steward
5. Department Head (or Rep.)
6. Witnesses
7. Safety Dept. Representative Lost Time or Fatality

#### Immediate Investigation

1. Injured Employee
2. Immediate Supervisor
3. Safety Committee person
4. Shop Steward
5. Department Head (or Rep.)
6. Witnesses
7. Safety Dept. Representative
8. Designated Union Safety Rep.

#### Final Investigation

1. Injured Employee
2. Immediate Supervisor
3. Safety Committee person
4. Shop Steward
5. Department Head (or Rep.)
6. Witnesses
7. Safety Dept. Representative
8. Designated Union Safety Rep.
9. Manager or Appointed Rep.