



Supervisor Report and Investigation of Employee Injury

Employee Name: _____

Jobsite/Place of Occurrence: _____

Date and Time of Incident: _____ Date Reported: _____

Type of Injury (check all that apply):	<input type="checkbox"/> Bruise <input type="checkbox"/> Cut <input type="checkbox"/> Puncture <input type="checkbox"/> Fracture <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Amputation <input type="checkbox"/> Chemical Burn <input type="checkbox"/> Other _____
Body Part (indicate Left or Right):	<input type="checkbox"/> Head <input type="checkbox"/> Eye <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other _____
Check One:	<input type="checkbox"/> First Aid <input type="checkbox"/> Off-Site Medical <input type="checkbox"/> Hospital Name of Facility (if applicable): _____
Check One:	<input type="checkbox"/> Returned to Work <input type="checkbox"/> Will be off work approximately () days

Description of Occurrence (attach photos and/or diagrams):

Investigation of Cause(s)

Unsafe Act:

Describe the act, or failure to act, by injured employee or others which led to this accident; such as, short cut, distraction, improper procedure, using incorrect tool/equipment, not wearing proper personal protection, etc.

Reason for Unsafe Act:

Corrective Action Needed to Prevent Re-Occurrence:

Unsafe Condition:

Describe the work area just prior to the occurrence such as congestion, floor hole, lacking guardrail, poor lighting, adjacent hazardous equipment, failure, collapse, etc.

Reason for Unsafe Condition:

Corrective Action Needed to Prevent Re-Occurrence:

Person responsible for correction action: _____ Estimated date of completion: _____

Supervisor signature: _____

Date of Report: _____