***Instructions to Supervisors:*** *Please provide detailed information and complete all sections of this report****.***

***Use F1 key for help-(Editing and content must be enabled)***

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| --- | --- | --- | --- | --- | --- | --- |
| **1.** Name of Injured Employee: | | | | | | **2.** Date Hired: |
| **3.** Employee’s job title or position: | | | | | | |
| **4.** Time the employee’s work day began: | | | | | | |
| **5.** Supervisor’s Name: | | **6.** Dept. /Position: | | | | |
| **7.** How were you informed of employee’s injury? | | | | | | |
| **8.** Date of employee’s injury:Click here to enter a date. | **9.** Date informed of employee’s injury:Click here to enter a date. | | | **10.** Date of interview with injured employee: Click here to enter a date. | | |
| **11.** Witnesses interviewed: | | | | | | |
| **12.** Facility where injury occurred: | | | | | **13.** Room/Area: | |
| **14.** What task was employee performing when injury occurred? | | | | | | |
| **15.** Describe nature of injury or illness and part of body affected: | | | | | | |
| **16.** Injury was caused by contact with what specific object or substance? *(i.e. concrete floor, broken glass, hot pipe, saw blade, chemical vapors, file cabinet, another person, etc.)* | | | | | | |
| **17.** Describe how the injury/illness occurred: | | | | | | |
| **18.** List Personal Protective Equipment (PPE) normally required for the task being performed:  Other: | | | | | | |
| **19.** List PPE employee was wearing at the time of injury: | | | | | | |
| **20.** Describe hazard that contributed to the injury/illness: | | | | | | |
| **21.** Describe unsafe actions by employee or others, if any: | | | | | | |
| **22.** Has employee received safety training relative to this event? YESNON/A | | | | | | |
| **23.** Which of the following was the leading factor contributing to this incident? -Other: | | | | | | |
| **24.** What corrective action do you recommend to prevent a recurrence? | | | | | | |
| **25.** Was medical treatment required beyond basic first aid?  YES NO <https://www.osha.gov/recordkeeping/firstaid_list.pdf> | | | | | | |
| **26.** Has employee been advised to notify employer if further medical treatment is received? YES NO | | | | | | |
| **27. If you answered yes on 25-** Has employee been advised to have medical provider complete the return to work checklist and provide to Risk management department for review and approval prior to returning to work?  YES NO: Comments: | | | | | | |
| **Supervisor’s Signature:** | | | **Date:** Click here to enter a date. | | | |