

**SUPERVISOR'S REPORT OF INJURY**

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Injured Worker's Name: \_\_\_\_\_

Injured Worker's Date of Hire: \_\_\_\_\_ Injured Worker's Salary: \_\_\_\_\_

Who reported the accident: \_\_\_\_\_

When was injury/illness reported: \_\_\_\_\_

Where did the accident take place: \_\_\_\_\_

If you witnessed the accident, please describe what you saw. If you were told about the accident by the injured employee, what did he or she say to you about it? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses:  Yes  No. IF YES, Who \_\_\_\_\_

Did employee seek medical attention:  Yes  No. If so, where: \_\_\_\_\_

Do you have any reason to believe this was NOT an on-the-job injury  YES  No

If Yes, Please Explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did the employee miss any time from work as a result of this injury?  YES  No

Has the employee returned to work?  YES  No If Yes, Date of Return: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date