

TO BE COMPLETED IMMEDIATELY AFTER INJURY REPORTED/KNOWN BY THE INJURED EMPLOYEE'S SUPERVISOR

SUPERVISOR'S REPORT OF INCIDENT

(Review the employee's incident report)

Employee's Name: _____ Date of Incident: _____

Supervisor's Name: _____ Time: _____

Did you see the incident occur? yes no If so, please describe what occurred: _____

Did the employee report injury himself/herself? yes no

If no, by whom? _____

When was it reported? _____

Was incident reported as he/she states in his/her injury report? _____

If not, what are differences? _____

Do you know from personal knowledge whether incident occurred as stated by the employee? Yes No

Who are the witnesses? _____

What did the witnesses say to you about the incident? _____

Supervisor's Report page 2

List all individuals (other than witnesses already listed) that you interviewed regarding the incident?

Describe information provided, if pertinent: _____

What was the employee's apparent physical condition and appearance when the incident occurred or was reported to you? _____

What physical complaints, if any, did employee make?

Describe any first aid provided by you or others: _____

Did the employee need to go for additional medical assistance? _____

If so, where was employee sent? _____

Did he/she come right back to work after treatment? _____

Did he/she work the next day? ___ Yes ___ No Regular or light duty? _____

Describe the light duty work? _____

If employee did not return to work, when is employee expected back to work? _____

Are you personally aware of, or has this employee ever mentioned, prior industrial or non-industrial injuries, illnesses, problems or hobbies to you or to others that may have a bearing on this injury? Please describe:

Supervisor's Signature

Date