Occupational Injury or Illness **Supervisor** Report

The accident should be investigated by the supervisor of the injured employee or department involved. It should be completed soon as possible to obtain the most accurate information.

Date of Injury:	Date Reported:	Employer Name:
Name of Employee:	Occupational Title:	
Time Work Shift Began: AM/PM	Time Accident Occurred: AM/PM	Day of week M T W TH F S SU
Location:		

Injury Type (Circle)

Foreign Body in Eye	Animal, Insect, Human Bite	Fracture	Burn Chem, Liquid, Electrical)
Cut/Puncture	Hernia/ Rupture	Amputation	Exposure (Blood/ Body Fluid
Abrasion/Scratches	Heart Attack/Stroke	Sprain/Strain	Skin Irritation/ Dermatitis
Bruise/Contusion/Crushing	Hearing Impairment	Death	Other
Concussion/ Loss of	Exposure Chem. Temp. Elect		

Injury Cause (Circle)

Struck by/ Against Object	Caught in/Under/ Between	Jumping or Climbing	Animal, Insect, Human
Fall-Same Level, Different Level	Pushing/Pulling/ Lifting/ Carrying	Noise	Repetitive Motion/Trauma
Hot Object, Substance or Fire	Vehicle Accident/ Struck by Vehicle	Slipping/Tripping	Other

Was injury caused by another person, faulty/broken equipment, a vehicle?	Yes	No	
If yes, explain:			

Body Part Injured Circle)

Head/Neck/Face/Mouth	Wrist L / R	Hips/ Buttocks	Arm L / R	Elbow L / R
Eye L / R	Hand L / R	Fingers L / R Digit:	Pelvis/ Groin	Shoulder L / R
Ear L / R	Back (Upper Lower	Knee L / R	Ankle L / R	Foot L / R
Leg Thigh Calf	Toes L / R Digit:	Respiratory	Other	No Physical Injury
Chest/Abdomen Including internal organs				

First Aid or Medical Treatment

Was first aid given?	Yes	No	If yes, by whom:
Was medical treatment required by a physician or hospital?	Yes	No	Physician/ Hosp Name, Address, and telephone number:

As a result of your investigation, what do you believe occurred and why?

From your investigation is the validity of the accident in doubt?	Yes	No	If yes, explain why.

Was a third party at fault? If yes, explain

Were there any witnesses? If yes, please list and have witness complete attached form

Name	**Address**	**Phone**	**Date**

Supervisor's Signature:	**Date:**