



Supervisor's Report of Injury

(Please Print – Please complete and return to Finance Department with Employee's Report of Injury and Accident Witness Statement)

ACCIDENT INFORMATION			
Supervisor's Name:		Supervisor's Telephone No:	
Location where accident occurred:		County Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No Job Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who was injured:		<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee	Time of Accident <input type="checkbox"/> am <input type="checkbox"/> pm
Department normally assigned to:		What property/equipment was damaged?	
Date Accident Was Reported to Supervisor: / /		Investigation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were Safeguards or Safety Equipment Provided:		Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Utilized: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Incapacity: / /		Has Employed Returned to Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified Duty Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Witnesses:			
<p><u>What was the employee doing when the accident occurred?</u> Describe the activity as well as the tools, equipment, or material that the was using. Examples: "climbing a ladder while carrying materials".</p> <p><u>What happened?</u> Describe how the injury occurred. Examples: "when ladder slipped on wet floor, employee fell 20 feet".</p> <p><u>What was the injury or illness?</u> Describe the part of the body that was affected and how it was affected. Example: "strained lower back".</p> <p><u>What object or substance directly harmed employee?</u> Example: "concrete floor".</p> <p><u>What can be done to prevent a recurrence?</u></p>			
_____ Supervisor's Signature		_____ Date	