



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:			

What was the employee doing when the accident occurred? Describe the activity as well as the tools, equipment, or material that the was using. Examples: "climbing a ladder while carrying materials".

What happened? Describe how the injury occurred. Examples: "when ladder slipped on wet floor, employee fell 20 feet".

What was the injury or illness? Describe the part of the body that was affected and how it was affected. Example: "strained lower back".

What object or substance directly harmed employee? Example: "concrete floor".

What can be done to prevent a reoccurrence?

Supervisor's Signature

Date