**Supervisor Report of Incident**

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| **Section 1: Employee Information** |
| **Employee Name (Last, First, MI):** | **OSHA Log Number:** | **Location Code:** |
| **Occupation:** | **SSN:** | **Date of Hire:** | **Weekly Salary:** |
| **Date of Incident:** | **Time of Incident:** | **Time Shift Started:** |
| **Lost time claim?**🞎 Yes 🞎 No | **Last Date Worked:** | **Estimated RTW Date:** |
| **Did the employee see medical treatment?** 🞎 Yes 🞎 No |
| **Next treatment date:** | **Physician’s Name?** | **Physician’s Phone Number:** |
| **Was the employee treated in an emergency room?** 🞎 Yes 🞎 No |
| **Was the employee hospitalized overnight as in-patient?** 🞎 Yes 🞎 No |
| **Did you or anyone else notice anything unusual at the start of the shift?** 🞎 Yes 🞎 No  |
| **Did the employee complain of symptoms before the incident?** 🞎 Yes 🞎 No |
| **Has the employee reported safety aspects to you before?** 🞎 Yes 🞎 NoIf yes, provide dates and details: |
| **Current work restrictions:** |
| **Witness names and statements (record statements on separate page and attach):**Witness 1: Witness 2: Witness 3: Witness 4:  |
| **Section 2: Description of Incident** |
| **Describe the events preceding the incident.** |
| **What was the employee doing up to the time of the incident (bending, standing, walking, etc.)?** |
| **What equipment or tools were involved in the incident?** |
| **Did conditions around the employee, including the floor or machinery,** **play a part in the injury?** 🞎 Yes 🞎 NoIf yes, how? |
| **Was any other employee a factor in this incident** 🞎 Yes 🞎 NoIf yes, who and how? |
| **What object or substance directly harmed the employee (concrete floor, radial arm saw, etc.)?** |

I hereby certify that the information reported on this report is correct to the best of my knowledge and belief. I realize anyone who obtains workers’ compensation by misrepresenting or concealing facts or making false statements could be subject to prosecution for fraud.

Supervisor Name Supervisor Signature Date

**What part of the employee’s body was injured? Please circle.**

**Right**

**Left**

**Left**

**Right**



**Back**