**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 🞎 No  If 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 🞎 No  If yes, how? | | | | |
| **Was any other employee a factor in this incident** 🞎 Yes 🞎 No  If 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

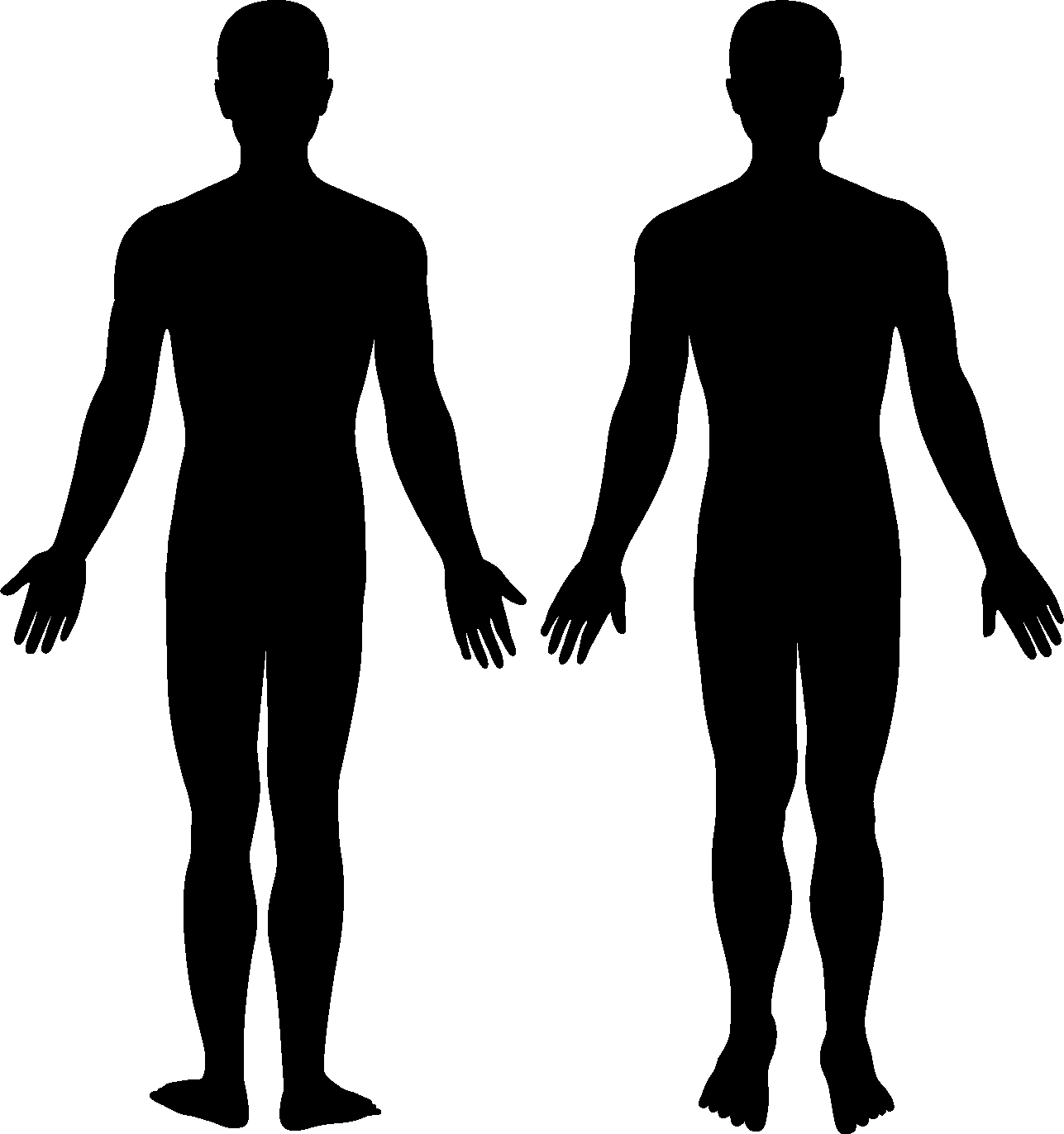
**What part of the employee’s body was injured? Please circle.**

**Right**

**Left**

**Left**

**Right**



**Back**