

**TO BE COMPLETED IMMEDIATELY AFTER INJURY REPORTED/KNOWN BY THE INJURED EMPLOYEE'S SUPERVISOR**

**SUPERVISOR'S REPORT OF INCIDENT**

Employee's Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Time: \_\_\_\_\_

Did you see the incident occur?  Yes  No      If so, please describe what occurred: \_\_\_\_\_

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Did the employee report injury himself/herself?  Yes  No

If no, by whom? \_\_\_\_\_

When was it reported? \_\_\_\_\_

Was incident reported as he/she states in his/her injury report? \_\_\_\_\_

If not, what are differences? \_\_\_\_\_

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Do you know from personal knowledge whether incident occurred as stated by the employee?  Yes  No

Who are the witnesses? \_\_\_\_\_

What did the witnesses say to you about the incident? \_\_\_\_\_

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List all individuals (other than witnesses already listed) that you interviewed regarding the incident?

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Describe information provided, if pertinent: \_\_\_\_\_

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What was the employee's apparent physical condition and appearance when the incident occurred or was reported to you? \_\_\_\_\_

What physical complaints, if any, did employee make?

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Describe any first aid provided by you or others: \_\_\_\_\_

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Did the employee need to go for additional medical assistance? \_\_\_\_\_

If so, where was employee sent? \_\_\_\_\_

Did he/she come right back to work after treatment? \_\_\_\_\_

Did he/she work the next day?  Yes  No Regular or light duty? \_\_\_\_\_

Describe the light duty work? \_\_\_\_\_

If employee did not return to work, when is employee expected back to work? \_\_\_\_\_

Are you personally aware of, or has this employee ever mentioned, prior industrial or non-industrial injuries, illnesses, problems or hobbies to you or to others that may have a bearing on this injury? Please describe:

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Supervisor's Signature

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Date