



## SUPERVISOR'S INJURY INCIDENT REPORT

Report all injuries immediately

Client Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Person Reporting: \_\_\_\_\_

This incident is an: \_\_\_\_\_ Injury \_\_\_\_\_ Disease \_\_\_\_\_ Fatality \_\_\_\_\_ First-Aid \_\_\_\_\_ Near-Miss  
Employee's Name: \_\_\_\_\_ SSN \_\_\_\_\_  
**Incident Data:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_, \_\_\_\_ a.m. \_\_\_\_ p.m.  
Worksite Location: (stairs, dock, office) \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

### Part of Body Injured or Affected (Indicate R-Right Side or L-Left Side)

____ Skull, Scalp	____ Jaw	____ Abdomen	____ Shoulder	____ Wrist	____ Knee
____ Eye	____ Neck	____ Back	____ Upper Arm	____ Hand	____ Thigh
____ Nose	____ Spine	____ Pelvis	____ Elbow	____ Finger	____ Foot
____ Mouth	____ Chest	____ Hip	____ Forearm	____ Lower Leg	____ Toe
____ Other _____					____ Ankle

### Nature of Injury or Illness:

____ Puncture	____ Bruise	____ Skin Disorder	____ Amputation	____ Sprain/Strain
____ Laceration	____ Contusion	____ Burn	____ Bite (Animal/Insect)	____ Irritation
____ Fracture	____ Abrasion	____ Respiratory	____ Foreign Body	____ Hernia
____ Other – (Specify) _____				

**Was Employee:** Using required safety equipment? \_\_\_\_ Yes \_\_\_\_ No Following procedures? \_\_\_\_ Yes \_\_\_\_ No  
Doing his/her regular job? \_\_\_\_ Yes \_\_\_\_ No\* Working alone? \_\_\_\_ Yes \_\_\_\_ No  
Trained on task/duties? \_\_\_\_ Yes \_\_\_\_ No

**Witnesses' Name(s):** \_\_\_\_\_ Phone No.: \_\_\_\_\_  
\_\_\_\_\_ Phone No.: \_\_\_\_\_

### Medical Treatment Data: \_\_\_\_ First-Aid \_\_\_\_ Medical Attention \_\_\_\_ Emergency/911 \_\_\_\_ Lost Time

Facility: \_\_\_\_\_  
Name Address City State Zip Phone #

Physician: \_\_\_\_\_  
Name Address City State Zip Phone #

**Date Lost Time Began:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Return or Expected Return to Work Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

**How did the injury occur?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_