Supervisor's Report of Injury

Employee: _____ Dept/Plant: _____

Date of Injury: _____ Time of Injury: _____

Job Classification: _____ Last Day Worked: _____

Where did accident occur? (Exact Location): _____

_____

Description of the Accident: _____

_____

_____

_____

_____

Witnesses: _____

What piece of Equipment and/or what action caused the injury? _____

_____

Nature of Injury: (i.e., burn, cut, sprain, etc.) _____

Part of Body: _____ Date & Time Reported: _____

Went for medical treatment? Yes or No Where: _____

What can be done to prevent future accidents of this type? _____

_____

_____

Working: _____ Lost Time: _____ (Check One)

Signed: _____ Title: _____

Date: _____

Comments: _____

_____

_____

_____

_____