

supervisor's  
report of  
employee  
injury

To Be Completed by Employer:

Employee Name \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ *a.m.*  
*p.m.*

Date Reported \_\_\_\_\_ Time Reported \_\_\_\_\_ *a.m.*  
*p.m.*

Accident Location \_\_\_\_\_

Type of Injury \_\_\_\_\_

Medical Facility \_\_\_\_\_

Did Injured Leave Work? \_\_\_\_\_ Date \_\_\_\_\_ Time Reported \_\_\_\_\_ *a.m.*  
*p.m.*

Did Injured Return to Work? \_\_\_\_\_ Date \_\_\_\_\_ Time Reported \_\_\_\_\_ *a.m.*  
*p.m.*

1. Describe how the accident occurred \_\_\_\_\_

2. Names of witnesses \_\_\_\_\_

3. What steps have been taken to prevent similar accidents? \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_