

**WORKER'S COMPENSATION
SUPERVISOR'S PRELIMINARY INJURY/ILLNESS/INCIDENT REPORT**

Immediate supervisors can contribute significantly to the investigation of an injury, illness or incident that has initiated a staff person to initiate a work related report. You can help develop recommendations and action plans to avoid a repetition of the incident. Supervisors know the employee best - the training they received, their attitude towards work and safe work practices, and on- and off-the-job motivations and stresses. You may draw on assistance from other professionals such as Human Resources, the safety manager, medical and rehabilitation staff, and other internal management resources, but you are the starting point to find out what happened and what can be done to modify work practices or correct unsafe equipment or conditions, if any, that may have caused the incident. With this in mind, please complete the following report with as much detail as possible:

Employee: _____

Position title: _____ Department: _____

Date & time incident occurred: _____

Date & time incident reported: _____

Was the employee performing regular job duties? Yes No

Did the incident result in injury? Yes No

Nature & extent of injury: _____

Location where incident occurred: _____

Witnesses: _____

Describe the incident or the employee's account (Use back of sheet, if necessary) _____

How long has the employee been performing this task? _____

Did the employee receive adequate instructions? Yes No

Did the employee receive training in this task? Yes No

Did any unsafe condition or act cause this incident? _____

Actions or recommendations to prevent similar incidents? _____

Supervisor signature _____ Date _____