

TOWN OF MARANA

SUPERVISOR INJURY/INCIDENT REPORT FORM

THIS FORM IS TO BE COMPLETED BY THE SUPERVISOR AND FORWARDED TO HUMAN RESOURCES WITH THE EMPLOYEE AND WITNESS FORMS WITHIN 24 HOURS OF THE INJURY. IF THE SUPERVISOR WAS NOT AT THE SCENE OF THE INJURY, THEY SHOULD CONTACT ANY EMPLOYEES WHO WERE ON SCENE FOR DETAILS OF THE INJURY/INCIDENT. WITNESSES SHOULD COMPLETE THE WITNESS ACCIDENT REPORT FORM. If additional space is needed, write on back of form.

DEPARTMENT:

1. NAME OF AFFECTED EMPLOYEE AND JOB TITLE:

2. DATE AND TIME OF INJURY:

3. IF PRESENT, DESCRIBE WHAT YOU OBSERVED REGARDING HOW THE INJURY/INCIDENT OCCURRED: (Include location of accident/incident, equipment involved, job duty performing, and details to fully explain) If not present, provide details as told to you by witnesses.

4. WHAT IS THE EMPLOYEES DAILY SCHEDULE? (example Monday through Friday 7:00 am through 3:00 pm)

5. PROVIDE NAMES OF ALL WITNESSES (INCLUDING YOURSELF) AND ANY OTHER PERTINENT INFORMATION:

6. DESCRIBE WHAT ACTS/FAILURE TO ACT OR OTHER CONDITIONS CONTRIBUTED TO THIS INJURY/INCIDENT:

7. DESCRIBE WHAT THE EMPLOYEE WAS DOING RIGHT BEFORE THE ACCIDENT:

8. NAME AND LOCATION OF TREATMENT PROVIDER:

9. WHAT ACTION WILL BE TAKEN TO PREVENT REOCCURENCE:

10. FURTHER INFORMATION YOU WOULD LIKE TO INCLUDE REGARDING THE INJURY/INCIDENT:

I CERTIFY THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE

SUPERVISOR SIGNATURE and DATE

MANAGER SIGNATURE and DATE

Forms to complete:

- SW Risk Report of Industrial Injury
- Employee Incident Injury Report

- Supervisor Injury Incident Report
- Witness Incident Injury Report (If Applicable)