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## Supervisor Report of Injury and Investigation

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Supervisor is to complete this form for all employee work related injuries/illnesses/or near misses no matter how minor. Use back of form if necessary.

AFFECTED EMPLOYEE NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE OF INJURY/ILLNESS: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ DATE/TIME NOTIFIED OF INJURY: \_\_\_\_\_

WORK START TIME: \_\_\_\_\_ NORMAL WORK SCHEDULE (DAYS/HOURS): \_\_\_\_\_

LAST DAY OF WORK AFTER INJURY: \_\_\_\_\_ DATE OF RETURN TO WORK: \_\_\_\_\_

DID INJURY OCCUR ON TOWN PREMISES:  Yes  No LOCATION OF INCIDENT: \_\_\_\_\_

**WHAT WAS THE INJURY/ILLNESS:** (Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn")

PART OF BODY INJURED: \_\_\_\_\_ SIDE INJURED:  Left  Right

**WHAT HAPPENED:** (Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time.")

**WHAT OBJECT OR SUBSTANCE DIRECTLY CAUSED HARM:** (Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.)

**WHAT WAS THE EMPLOYEE DOING JUST BEFORE THE INCIDENT OCCURRED:** (Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry.")

PROVIDE NAME OF WITNESSES: \_\_\_\_\_

IF ANOTHER PERSON NOT A TOWN EMPLOYEE CAUSED ACCIDENT, PROVIDE DETAILS & NAME/ADDRESS:

INDICATE TREATMENT FACILITY:

CONCENTRA OCCUPATIONAL HEALTH CENTER LOCATION: \_\_\_\_\_

EMERGENCY ROOM OVERNIGHT STAY  Yes  No HOSPITAL: \_\_\_\_\_

OTHER - NAME, LOCATION & PROVIDER \_\_\_\_\_

**Investigation Report:**

INDICATE UNSAFE WORKPLACE CONDITIONS:

- INADEQUATE GUARD/UNGUARDED HAZARD
- SAFETY DEVICE IS DEFECTIVE
- LACK OF APPROPRIATE EQUIPMENT TOOLS
- TOOL OR EQUIPMENT DEFECTIVE
- UNSAFE LIGHTING
- LACK OF PERSONAL PROTECTIVE EQUIPMENT
- LACK OF APPROPRIATE EQUIPMENT TOOLS
- NO TRAINING OR INSUFFICIENT TRAINING
- TRIPPING HAZARD
- TRAINING EXERCISE
- OTHER \_\_\_\_\_

INDICATE UNSAFE ACTS BY PEOPLE:

- OPERATING WITHOUT PERMISSION
- OPERATING AT UNSAFE SPEED
- LOCK OUT TAG OUT VIOLATION
- MAKING A SAFETY DEVICE INOPERATIVE
- USING DEFECTIVE/UNAPPROVED EQUIPMENT
- UNSAFE LIFTING
- HORSEPLAY
- FAIL TO WEAR PERSONAL PROTECTIVE EQUIPMENT
- IMPROPER USE OF TOOL/EQUIPMENT
- TRAINING EXERCISE
- OTHER \_\_\_\_\_

WAS PROPER PERSONAL PROTECTIVE EQUIPMENT WORN AND USED? PLEASE DESCRIBE:

DESCRIBE ANY UNSAFE WORKPLACE CONDITIONS AND/OR UNSAFE ACTS:

CORRECTIVE OR PREVENTATIVE ACTION NEEDED:

INFORMATION YOU WOULD LIKE TO INCLUDE OR RECOMMENDATIONS TO PREVENT FUTURE INCIDENTS:

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DH/MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SAFETY COORDINATOR REVIEW & FOLLOW UP (IF APPLICABLE):  
SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_