



SUPERVISOR INJURY REPORT

Supervisor Name & Title _____

Employee's Name & Title _____

Date & Time of Incident _____ Location _____

Task Being Performed When Incident Occurred _____

Date, Time Incident Reported _____ To Whom? _____

Names of Witnesses (if applicable) _____

First Aid Given? _____ Medical Treatment Required? _____

Describe How the Incident Occurred

What Actions, Events or Conditions Contributed to This Incident

What Could Have Been Done to Prevent This Incident

Actions You Have Taken to Prevent This Type of Incident From Occurring Again

Supervisor Signature _____ Date _____