



# SUPERVISOR'S INJURY REPORT

EMPLOYEES NAME	OCCUPATION
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NATURE OF INJURY	BODY PART AFFECTED (BE SPECIFIC)
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DATE OF INJURY	TIME OF INJURY	DATE REPORTED	TIME OF REPORT
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HOW DID INJURY OCCUR?

WHERE DID INJURY OCCUR?
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WHO WAS PRESENT AT TIME OF INJURY?
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DO YOU QUESTION THE LEGITIMACY OF THIS INJURY? WHY?

WHAT ACTIONS ARE NEEDED TO PREVENT FUTURE INJURY?
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DATE PREVENTATIVE ACTION TAKEN?
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INVESTIGATED BY:	SIGNATURE	DATE
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**INVESTIGATE INCIDENTS IMMEDIATELY AND FORWARD THIS REPORT TO YOUR ADMINISTRATIVE OFFICE.**