



SUPERVISOR'S REPORT OF EMPLOYEE INJURY OR ILLNESS

While this form is **NOT** intended for reporting of workers' compensation claims, it can be used as a guide to aid management in identifying unsafe acts and/or conditions which may have caused an injury or illness.

1. GENERAL INFORMATION		PLEASE PRINT - COMPLETE THIS AS SOON AS POSSIBLE	
EMPLOYEE NAME	DATE AND TIME OF INJURY	<input type="checkbox"/>	AM
		<input type="checkbox"/>	PM
FD NAME	DEPARTMENT	JOB TITLE	
EXACT LOCATION WHERE INJURY OCCURRED		WITNESSES	
2. DESCRIPTION OF INJURY OR ILLNESS			
TYPE OF INJURY OR ILLNESS (SPRAIN, CUT, BURN, ETC. . .)		PARTS OF BODY INJURED	
3. DESCRIPTION OF INCIDENT			
WHAT HAPPENED?			
WHY DID IT HAPPEN?			
4. CAUSE OF INJURY OR ILLNESS		FIND OUT WHAT FACTORS CAUSED THE INJURY	
WHAT UNSAFE ACT(S) CAUSED THE INJURY OR ILLNESS?			
DESCRIBE ANY UNSAFE PHYSICAL CONDITION THAT CONTRIBUTED TO THE INJURY OR ILLNESS?			
DESCRIBE ANY SAFETY PROCEDURES THAT WERE NOT FOLLOWED			
5. PREVENTIVE/CORRECTIVE ACTION TAKEN		ALL INVESTIGATIONS SHOULD INVOLVE CORRECTIVE ACTION	
WHAT ACTION CAN BE TAKEN TO PREVENT A SIMILAR INJURY OR ILLNESS?			
WHAT HAS BEEN DONE SO FAR TO PREVENT A RECURRENCE?			
IS IT POSSIBLE THIS INJURY DID NOT OCCUR AT WORK? PROVIDE DETAILS			

PERSON CONDUCTING INVESTIGATION

DATE

CONTACT PHONE #

Please maintain a copy for your files and fax a copy to Athens at (925) 887-6881.