Supervisors Report of Incident/Injury

(To be completed by SUPERVISOR within 24 hours of injury)

1

Name: _____
(last, first, middle initial)

Job Title: _____ Start Time: _____ ☐AM ☐PM

2

☐Full Time ☐Part-time ☐Volunteer

☐City Clerk
☐City Manager
☐Community Dev.
☐Community Svcs.
☐Finance
☐Fire
☐Human Resources
☐Risk
☐Other: _____
☐Information Tech.
☐Police
☐Public Works-Eng
☐Public Works-Ops

3

Date of Injury: _____

Time of Injury: _____ ☐AM ☐PM

Site of Injury: *(complete address)*

Did the employee miss any days after the injury?

☐ Yes ☐ No

Date Last Worked: _____

Date Returned to Work: _____

4

First Aid Administered? ☐No ☐Yes,
By: _____

Sent to Clinic? ☐No ☐Yes, *(mark one)*
☐Concentra ☐Sharp
☐Kaiser
☐Other: _____

Sent to Hospital? ☐No ☐Yes,
Hospital: _____
Location: _____

Transported by Ambulance? ☐No ☐Yes
Did employee die? ☐No ☐Yes

5

Occurred on City Property? ☐No ☐Yes *(specify location)*

☐Adult Enrichment Ctr.
☐CD/PW Annex
☐City Hall
☐Community Svcs.
☐Fire Admin.
☐Fire Station #11
☐Fire Station #12
☐Fire Station #13
☐HR/Risk Annex
☐Municipal Pool
☐Police Station
☐Public Works Ops.
☐Sidewalk
☐Stairs
☐Other: _____

6a

Check All That Apply

☐No Visible Injury
☐Abrasion
☐Bite
☐Bruise
☐Cut
☐Dislocation
☐Exposure
☐Fracture
☐Puncture
☐Repetitive Motion
☐Sprain/Strain
☐Stress
☐Other _____

6b

Check All That Apply & Indicate R or L in the Box Provided

☐Abdomen ☐Ankle ☐ ☐Arm ☐ ☐Back ☐Chest
☐Ear ☐ ☐Eye ☐ ☐Face ☐Finger ☐Foot ☐
☐Hand ☐ ☐Head ☐Hip/Pelvis ☐Knee ☐ ☐Leg ☐
☐Mouth ☐Neck ☐Nose ☐Respiratory ☐Wrist ☐
☐Other: _____

Incident Description

Root Cause of Incident:

Action Taken to Prevent Future Occurrence:

Witness(es) Interviewed: *(provide each witness with Witness Report of Injury/Illness form to complete)*

(Attach Site/Equipment Photos)

7

Supervisor in charge at time of incident: _____

Was Supervisor present when incident occurred? ☐ Yes ☐ No

Was there a violation of a safety practice: ☐ Yes ☐ No

If yes, what: _____

Was protective equipment available to the employee? ☐ Yes ☐ No

Was the employee using protective equipment at the time of the incident? ☐ Yes ☐ No

Supervisor Name:	Title:	Signature:	Date:
_____	_____	_____	_____

*****Email to Risk Manager within 24-hours of injury***