

APPENDIX A
SUPERVISOR'S INJURY/ILLNESS INCIDENT/NEAR MISS INVESTIGATION FORM

SUPERVISOR'S ACCIDENT INVESTIGATION FORM

Supervisor's Report of Employee injury/illness

Appendix A

To Be Completed by Supervisor to Describe an Incident that Resulted in an Employee Injury

EMPLOYEE'S FIRST & LAST NAME: EMPLOYEE ID

DATE/TIME OF INJURY/ILLNESS/INCIDENT: DATE/TIME REPORTED

ACCIDENT LOCATION/BUILDING AREA:

TYPE OF INJURY/ILLNESS:

CAMPUS SECURITY CONTACTED: YES NO UNKNOWN / NOT AT THIS TIME

DID EMT/FIRE DEPARTMENT RESPOND: YES NO EMPLOYEE TRANSPORTED TO HOSPITAL

DID EMPLOYEE LEAVE WORK: YES NO UNKNOWN / NOT AT THIS TIME

WAS MEDICAL ATTENTION NECESSARY: YES NO UNKNOWN / NOT AT THIS TIME

DID EMPLOYEE CONTINUE WORKING YES NO

1. DESCRIBE HOW THE INCIDENT OCCURRED

2. DESCRIBE WHAT STEPS HAVE BEEN/WILL BE TAKEN TO PREVENT SIMILAR INCIDENTS:

Completed by:

Printed Name

Supervisor's Signature

Date

SEND THIS COMPLETED FORM TO THE APPROPRIATE HUMAN RESOURCES PERSONNEL

Phone 831-646-4016, or fax 831-646-3012

Near Misses reported to Supervisor only and at Safety Meetings

Supervisor's Injury/Incident Investigation Report

Appendix A

Information contained in this form is to be kept CONFIDENTIAL. It is to be completed by the supervisor and provided to the appropriate Human Resources personnel when a workers' compensation claim is filed.

NAME OF INJURED EMPLOYEE _____

JOB TITLE: _____

DATE OF INJURY/ILLNESS: _____ DATE REPORTED _____ a.m.

_____ DATE/TIME REPORTED _____ p.m.

ACCIDENT LOCATION/BUILDING AREA: _____

WITNESSES (Name, Phone Number): (1) _____

(2) _____

(3) _____

TIME REPORTED: _____ a.m. / p.m. TIME ON SCENE _____ a.m. / p.m. TIME OFF SCENE _____ a.m. / p.m.

FIELD INVESTIGATION

EXACT LOCATION OF INCIDENT: _____

Describe in detail the location of the incident including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident: _____

Describe injuries/illnesses which you observed or which were described to you: _____

Describe demeanor of person involved and include statements made as "Excited Utterances":

Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred: _____

Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence:

Multiple horizontal lines for describing the incident.

Describe the steps taken to prevent similar incidents:

Multiple horizontal lines for describing prevention steps.

Did employee seek medical care? [] None [] Emergency Room
How did the employee get to the medical facility: [] Drove his/herself [] Ambulance [] Family member/friend

FOR HR USE ONLY:

Date Maintenance or Responsible Department Notified:

Notes

Date Fixed/Completed:

Supervisor's Signature

Date

Print Supervisor's Name