

**SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS**

Department / School Site: \_\_\_\_\_

Name of Injured employee: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of injury or illness: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Was medical treatment offered? Yes No Was treatment refused? Yes No

Was employee given a claim form? Yes No

What type of medical treatment was given? Clinic First Aid  
Paramedics Emergency Room Hospitalization

Was employee required to leave work due to this injury or illness? Yes No Date last worked: \_\_\_\_\_

Has employee returned to work? Yes Date returned: \_\_\_\_\_ No, still off work \_\_\_\_\_

Name of person to whom the injury or illness was reported: \_\_\_\_\_

Timeliness of reporting: If the accident was not reported immediately, why not?

Location where accident or exposure occurred: (Provide pictures if follow-up or work order will be required)

Was the injury or exposure witnessed? Yes No

**WITNESS INFORMATION**

Name: \_\_\_\_\_

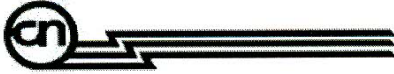
Name: \_\_\_\_\_

Site: \_\_\_\_\_

Site: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_



# Supervisor's Statement of Occupational Injury or Illness Continued

Body part injured (check all that apply and indicate right / left): Right Left

- |      |            |                 |              |
|------|------------|-----------------|--------------|
| Head | Upper back | Finger (which?) | Ankle/s      |
| Face | Lower back | Upper Leg       | Foot         |
| Eye  | Arm/s      | Lower Leg       | Toe (which?) |
| Neck | Wrist/s    | Knees           | Other: _____ |

Nature of injury or illness:

- |              |               |                          |                       |
|--------------|---------------|--------------------------|-----------------------|
| Scrape/cut   | Burn          | Fracture                 | Cold-related problem  |
| Bite/Scratch | Sprain/Strain | Skin problem             | Loss of consciousness |
| Puncture     | Foreign body  | Chemical-related problem | Respiratory           |
| Bruise       | Poisoning     | Heat-related problem     | Other: _____          |

What was employee doing at the time of injury or exposure? How did injury occur? (ie: He was putting trash in dumpster. When he lifted trash bag he felt a sharp pain in low back. Please provide a detailed description ie: were they using appropriate equipment, type of shoes? etc...)

Person, object or substance that directly injured employee: (ie: table, concrete, chemical)

Check any of the following unsafe actions which apply:

- |                                 |                           |                         |
|---------------------------------|---------------------------|-------------------------|
| Haste/unsafe speed              | Improper procedure        | Unsafe lifting/position |
| Not authorized                  | Unsafe equipment usage    | Running/jumping         |
| Disregard of instructions       | Defective equipment/tools | Poor Housekeeping       |
| Failure to use proper equipment | Assault                   | Act of other            |
| Inadequate protective gear      | Horseplay                 | Physical handicap       |
| Carelessness                    | Alcohol/drugs             | Other: _____            |

I have knowledge the injruy occurred on duty. I have no specific knowledge that the injury occurred on duty.

What steps have been taken or recommended to prevent a recurrence?

Comments: (Please provide any information you think we should be aware of regarding this injury ie: second job, hobby, sports activities)

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_