

Supervisor's Report of Injury

Name of Injured Employee: _____

Position Held by Injured Employee: _____

Name of Supervisor: _____ Dept: _____

Date of Injury: _____

Type of Injury: _____

Was medical treatment required? If yes, in what means of transportation was the injured employee taken for medical treatment? _____

Name of employee(s) that witnessed the accident or injury? _____

Name of facility of University location where accident or injury occurred?

Explain injured employee's work assignment when accident or injury occurred?

Could the accident or injury been avoided? _____ If yes, How?

What improvements can be made to reduce the possibility of a similar accident or injury occurring again?

Supervisor's Signature

Date