

**REPORT OF ACCIDENT/INJURY/NEAR MISS FOR SUPERVISORS**

***To be completed by the Injured Individual’ Supervisor (please print or type)***

1. Supervisor Name and Department:
2. Injured Employee Name:
3. Position of the Injured Employee:
4. Date of Injury or Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. When did you first learn of this injury or accident?: Date: Time:
6. Who reported this injury or accident to you and how did they report it to you?: (verbal, telephone call, left message, email, other?)
7. Describe in detail what the employee reported to you and what they were doing when injured:
8. Describe in detail what the employee reported to you as the type of injury or accident (cut, scrape, sprain, break, etc.):
9. What part(s) of the body did the employee complain were affected by the injury or accident? Be specific (left/right/hands/legs/foot/etc.):
10. Were there any witnesses to the accident or injury?: Please provide name(s) and contact information.
11. Did you speak with any of the witnesses? If so, describe in detail what was said and who said it.
12. Describe where the injury or accident occurred (specific in physical location – department office, parking lot, steps, etc.)
13. Did the employee finish work the day of the injury or accident? Yes \_\_\_ No \_\_\_\_
14. If yes, were they able to perform the essential functions of your position or were they on modified duties?
15. Did the employee receive medical treatment: Yes \_\_\_\_ No \_\_\_\_\_
16. Describe the medical treatment the employee received or is scheduled to receive:

Additional Supervisor Comments:

*I certify that the information I have provided above is true and correct to the best of my knowledge and belief. I also understand that if I answered “no” to item #15 and the employee seeks medical treatment at a later date, that I will notify the Office of Human Resources immediately.*

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_