

Supervisor's Report of Employee Injury Investigation

Injured Employee _____ Date of this report _____
Job Title _____ Age _____
Date and time of injury _____ Where injury happened _____
Report to supervisor or first aid delayed? _____ Why? _____
Supervisor's comments regarding cause of injury _____
Was there lost time as a result of this injury? _____ Lost time began _____
What should be done, and by whom to prevent recurrence of this type injury in the future?

What action are you taking to see that this is done?

Was employee's previous injury record reviewed with him or her? _____

Total number of injuries to date? _____ Date employed _____
Does previous injury record indicate repeated types of injuries? _____

Supervisor's Signature _____