

# 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?

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

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

Supervisor's Signature \_\_\_\_\_