

SUPERVISOR'S REPORT - OCCUPATIONAL INJURY - ILLNESS

INJURED EMPLOYEE

Name _____ SS # _____

Date of accident, illness or near miss _____ Date of Report _____

Time of accident, illness or near miss a.m. p.m. Exact location of accident, near miss, or situation causing illness _____

Describe accident, near miss, or situation contributing to illness. Include the machine, equipment, object, or substance involved. Give all details. Use the reverse side if necessary. Attach all other facts, photographs, drawings/diagrams needed to clarify what happened.

_____ Carrying/Lifting _____ Pounds

NATURE OF INJURY (Injured Part(s) or Body...Indicate right, left, upper, lower, etc.)

- | | | | | |
|--|--|--------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> sprain or strain | <input type="checkbox"/> fracture | <input type="checkbox"/> head | <input type="checkbox"/> hand | <input type="checkbox"/> leg |
| <input type="checkbox"/> laceration | <input type="checkbox"/> burn | <input type="checkbox"/> eye | <input type="checkbox"/> arm | <input type="checkbox"/> foot |
| <input type="checkbox"/> contusion | <input type="checkbox"/> foreign body in eye | <input type="checkbox"/> trunk | <input type="checkbox"/> finger | <input type="checkbox"/> toe |
| <input type="checkbox"/> back _____ | <input type="checkbox"/> internal _____ | <input type="checkbox"/> neck | <input type="checkbox"/> wrist | <input type="checkbox"/> knee |
| <input type="checkbox"/> other (explain) _____ | | | | |

Nature of job-related illness: (Be specific) _____

In your opinion, was the accident caused in any way by someone not employed here? Yes No
(If yes, please provide the complete name, address, telephone number and employer of the person)

CAUSE: Mark Basic Cause

Mark Contributing Cause, if any

UNSAFE CONDITIONS

- inadequately guarded
- unguarded
- defective tools, equipment, or substance
- unsafe design or construction

- hazardous arrangement
- unsafe illumination

- unsafe clothing
- insufficient instruction
- failure to use personal protective devices

UNSAFE CONDITIONS

- operating without authority
- operating unsafe speed
- making safety devices inoperative
- using unsafe equipment or using equipment unsafely
- unsafe loading, placing mixing
- working on moving or dangerous equipment
- distraction, teasing, horseplay
- taking unsafe position

GUIDES TO CORRECTIVE ACTION

Based on the cause checked on the previous page, I am taking the following corrective action:

UNSAFE ACT

- stop the worker
- study the job
- instruct (tell, show, try, check)
- follow-up
- enforce

UNSAFE CONDITION

- remove
- guard
- warn
- supervisory
- other

IF SUPERVISOR CAN'T HANDLE

- recommend to:
 - own boss, or
 - Safety Committee, or
 - Maintenance Department, or
- follow-up

What I am actually doing to prevent similar injuries, near misses, or illness _____

What further recommendations _____

Date

Worker

Date

Supervisor

Date

Department Director