

Supervisor's Report of Workplace Incident

Injured Employee's Name	Injured Employee's Job Title
Department	Supervisor's Name
Date & Time of Incident	Location of Incident

How and when did you learn of the incident?	
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Please describe the incident	
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Did the employee require medical treatment?	If yes, where did the employee treat?
Did the employee lose time from work?	If yes, first date missed
Please describe any unsafe condition(s) or behavior(s) that may have contributed to the incident	
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What preventative measures could be taken to avoid similar incidents?	
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Signature	Date
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