SUPERVISOR’S ACCIDENT/INJURY FORM

1. Please complete entire form.
2. Return within 48 hrs to ASC Human Resources.
3. Place one copy in the employee’s permanent record.

Department: ___________________________  Supervisor: ___________________________

Section One: Employee’s Information

<table>
<thead>
<tr>
<th>Employee’s Full Name:</th>
<th>Social Security #:</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Hire Date:</td>
<td>Time Employee Started Work:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Accident/ Injury:</th>
<th>Time of Accident/Injury:</th>
<th>Exact Location of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/____</td>
<td><em><strong>:</strong></em> am/pm</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Section Two: First Aid/Modifications

1) Was employee given First Aid: YES  NO

2) Sent to:
   - Emergency Room
   - Health Center
   - Our Clinic
   - Personal Physician

3) Employee place on modified duty: YES  NO

4) Will employee lose time from work: YES  NO

5) Was treatment refused: YES  NO

6) If lost time; approx. day: ______

Section Three: Type of injury

Part(s) of Body Affected:

- Head
- Neck
- Face
- Eye
- Mouth
- Ear
- Heart
- Trunk
- Back
- Foot
- Hip
- Leg
- Ankle
- Knee
- Hand
- Finger
- Wrist
- Shoulder
- Arm
- Toe

Type of Injury:
Puncture, Cut, Abrasion, Burn, Fracture, Strain/Sprain, Bruise, Reaction to Foreign substance

1) What was the employee doing just before the incident? (Describe the activity, as well as the tools, equipment, or materials the employee was using.) Ex: “Cutting vegetables on the cutting board.”

2) What happened? Tell us how the injury or illness occurred. Ex: “When mopping she slipped and fell on the wet floor.”

3) What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Ex: “Sprained left ankle.”
Section Four:

If this accident occurred due to an unsafe condition, please indicate which of the options below best describe the condition; follow up with a brief explanation:

Defective equipment, Improper illumination, Wet floor surface, Hazardous arrangement, Improper ventilation, ineffective safety equipment

Explanation: ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Section Five:

1. What corrective action will prevent another occurrence:

2. Describe the training that the employee has received or will receive to prevent another accident:

3. ___________________________________________ □ YES □ NO

4. If unsafe equipment was the cause, has the problem been corrected? □ YES □ NO

   Explain: __________________________________________________________

   __________________________________________________________________

5. Witness statement on how the accident occurred:

   __________________________________________________________________

6. Did a view of the accident sight support the type of accident? □ YES □ NO

   Explain: __________________________________________________________

   __________________________________________________________________

Signature of Supervisor: ___________________________ Date: ___/___/_____

Section Six: Employee Statement

What were you doing immediately before the accident occurred? __________________________________________________________

How did the accident occur? __________________________________________________________

   __________________________________________________________________

   __________________________________________________________________

   __________________________________________________________________

How could the accident have been prevented? __________________________________________________________

   __________________________________________________________________

What Part(s) of your body did you injure?

When you sign, you are also stating that you have received training on how to avoid such an accident in the future.

Signature of Employee: ___________________________ Date: ___/___/_____
