

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

Employee's Full Name:	Social Security #:	Date of Birth
Job Title:	Hire Date:	Time Employee Started Work:
Date of Accident/ Injury: ____/____/____	Time of Accident/Injury: ____:____ am/pm	Exact Location of Incident: _____ _____

Section Two: First Aid/Modifications

	Yes	NO		YES	NO
1) Was employee given First Aid:	<input type="checkbox"/>	<input type="checkbox"/>	3) Employee place on modified duty:	<input type="checkbox"/>	<input type="checkbox"/>
2) Sent to: Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	4) Will employee lose time from work:	<input type="checkbox"/>	<input type="checkbox"/>
Health Center	<input type="checkbox"/>	<input type="checkbox"/>	5) Was treatment refused:	<input type="checkbox"/>	<input type="checkbox"/>
Our Clinic	<input type="checkbox"/>	<input type="checkbox"/>	6) If lost time; approx. day:		
Personal Physician	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Section Three: Type of injury

Part (s) of Body Affected:

<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Face	<input type="checkbox"/> Eye	<input type="checkbox"/> Mouth	<input type="checkbox"/> Ear	<input type="checkbox"/> Heart	<input type="checkbox"/> Trunk	<input type="checkbox"/> Back	<input type="checkbox"/> Foot
<input type="checkbox"/> Hip	<input type="checkbox"/> Leg	<input type="checkbox"/> Ankle	<input type="checkbox"/> Knee	<input type="checkbox"/> Hand	<input type="checkbox"/> Finger	<input type="checkbox"/> Wrist	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Arm	<input type="checkbox"/> 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. Will other employees be required to have the same training to prevent another accident of this type? 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 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: ____/____/____