

Supervisor's Name: _____ District / Building Location: _____

Employee's Name: _____ Occupation: _____

First Name *Last Name*

Date of Incident: _____ Time of Incident: _____ AM PM

Regularly scheduled work day and or hours? Yes No

Describe Injury (*Example: cut, bruise, bite, etc.*):

Describe, fully, how the incident/injury occurred: _____

Machine or equipment involved? Yes No _____

Unsafe act(s) performed? Yes No _____

Unsafe conditions present? Yes No _____

What should be done to prevent reoccurrence? _____

Has this been done? Yes No If 'No', please explain: _____

Authorization for Treatment given? Yes No Refused

SUPERVISOR SIGNATURE

Signature: _____

Date: _____
[mm/dd/yyyy]