SUPERVISOR'S REPORT OF INJURY

1. Full Name of Injured Employee: _____
   First Middle Last

   Occupation & Job Title _____

2. Date of Injury: _____
   Month Day Year
   Day of Week: _____ Hour of Day _____a.m. _____p.m.

3. Describe fully how accident occurred and what the employee was doing when the accident took place:

4. What was the cause of the accident?

5. Names of witnesses:

6. Describe type of injury and part of body injured:

7. Had the injured employee complained of similar problems before this accident:
   _____ Yes _____ No

8. Name of Supervisor: _____

9. When did supervisor first know of injury: _____

_____
Supervisor's Signature

_____
Title

_____
Date