*Supervisor’s Accident / Injury Report Form*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Name of Supervisor:* | | | | | | |  | | | | | | | | | | | |
| *Email address:* | | | |  | | | | | | | | | | | | | | |
| ***Personal Information*** | | | | | | | | | | | | | | | | | | |
|  | *Student* | | | |  | | | *Employee* | | | | |
| *Full Name:* | |  | | | | | | | | | | | | | | | | |
| *Department:* | | |  | | | | | | | | | | | | | | | |
| *Phone Number/Ext.:* | | | | | | |  | | | | | | | | | | | |
| *Email Address:* | | | |  | | | | | | | | | | | | | | |
| ***Building Information*** | | | | | | | | | | | | | | | | | | |
| *Building Name:* | | | |  | | | | | | | | | | | | | | |
| *Room Number:* | | | |  | | | | | | | | | | | | | | |
| ***Incident Information*** | | | | | | | | | | | | | | | | | | |
| *Date of accident/injury:* | | | | | | | | |  | | | | | *Time of accident/injury:* | | | |  |
| *Type of accident/injury (please choose all that apply)* | | | | | | | | | | | | | | | | | | |
|  | *Strain or sprain* | | | | | | | | |  | *Fracture* | | | |  | | *Wound* | |
|  | *Skin* | | | | | | | | |  | *Foreign body* | | | |  | | *Amputation* | |
|  | *Chemical Exposure* | | | | | | | | |  | *Slip/trip/fall* | | | |  | | *Puncture* | |
|  | *Cut/Laceration* | | | | | | | | |  | *Assault* | | | |  | | *Contusion* | |
| *Other (please list):* | | | | | |  | | | | | | | | | | | | |
| *Body part affected (please choose all that apply)* | | | | | | | | | | | | | | | | | | |
|  | *Eyes* | | | | | | | | |  | *Head* | | | |  | | *Face and Neck* | |
|  | *Feet* | | | | | | | | |  | *Legs* | | | |  | | *Finger* | |
|  | *Arms* | | | | | | | | |  | *Hands* | | | |  | | *Upper Back* | |
|  | *Lower Back* | | | | | | | | |  | *Chest (Respiration)* | | | |  | | *Trunk/internal organs* | |
| *Other (please list):* | | | | | |  | | | | | | | | | | | | |
| *Name(s) of witness(es):* | | | | | | | | |  | | | | | | | | | |
| ***How did the accident/injury occur?*** | | | | | | | | | | | | | | | | | | |
| *Please state how the injury/illness occurred. Include equipment, materials or chemicals in use when the accident/injury occurred.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| ***What caused the accident/injury?*** | | | | | | | | | | | | | | | | | | |
| *Please state why the event occurred including conditions that contributed to the accident/injury, such as: slippery surface, chemical reaction, failure to use safety equipment, etc.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | |  | | |
| *Supervisor’s signature* | | | | | | | | | | | | *Date* | | | | *Phone number* | | |