*Supervisor’s Accident / Injury Report Form*

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| *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.* |
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|  |  |  |
| *Supervisor’s signature* | *Date* | *Phone number* |