

SUPERVISOR'S REPORT OF ACCIDENT/INJURY

CLASSIFICATION OF OCCURRENCE

SECTION I

Employee Injury _____

Motor Vehicle/Equipment Accident _____

Other _____

City Vehicle/Equipment # _____

Regular Duties: Yes _____ No _____

Name of Doctor _____

Name of Hospital _____

SECTION II OCCURRENCE TIME AND LOCATION

Date & Time of Occurrence _____ AM/PM Date of this Report _____

Location of Occurrence _____

SECTION III GENERAL INFORMATION

Employee/Operator _____ Supervisor in Charge _____

Job Title _____ Time in Present Position _____

Department _____ Division _____

Witness _____ Address _____

Birth Date _____ Soc. Sec. # _____ Ph.# _____

Marital Status _____ Number of Dependents _____

SECTION IV

AT TIME OF ACCIDENT/INJURY

Was Employee--

Was Equipment--

Violating a Safety Rule: No ___ Yes ___
Careless in Use of Eqmt? No ___ Yes ___
Ignoring Instructions? No ___ Yes ___

In Good Working Condition: No ___ Yes ___
Used for Intended Purpose? No ___ Yes ___
Properly Serviced? No ___ Yes ___

SECTION V

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO MOTOR VEHICLE/EQUIPMENT ACCIDENT

Type of Vehicle/Equipment (car, dump truck, backhoe, etc.) _____

Usage Description _____

Police Report: No ___ Yes ___ Report # _____

"No" Provide: Driver of Other Vehicle _____

SECTION VI

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO OTHER PROPERTY DAMAGE/LOSS

Description of Damage/Loss _____

Police Report: No ___ Yes ___ Report # _____

SECTION VII

Department Head's Estimate of Damage: _____

SECTION VIII

ONLY COMPLETE THIS SECTION IF REPORT PERTAINS TO EMPLOYEE INJURY

Action Taken: First Aid Station Only _____ EMS Response _____

Required Physician (attach doctor's note) _____ Hospitalized _____

BODY PART INJURED:
Specify Right or Left Side of the Body.

Head _____ Neck _____ Back _____ Arm _____ Hand _____ Foot _____
Finger _____ Leg _____ Knee _____ Ankle _____ Toe _____ Eye _____
Face _____ Chest _____ Wrist _____ Other _____

Describe:

NATURE OF INJURY

Abrasion _____ Cut _____ Puncture _____ Bruise _____ Fracture _____
Strain/Sprain _____ Foreign Body _____ Poison Oak/Ivy _____ Insect Bite _____
Burn _____ Loss of Consciousness _____ Other _____

Describe:

LOSS TIME AND RESTRICTED DUTY

Has Injured Returned to Work? No _____ Yes _____

If Yes, Total Hours Away From Work _____

Has Injured Been Placed on Restricted Duty? No _____ Yes _____ If Yes, How long? _____

SECTION IX

What Was Employee Doing When Accident/Injury Occurred? _____

Explain in Detail How and Why Did This Accident/Injury Occur (unsafe conditions, unsafe acts, etc.): _____

Suggestion(s) to Help Prevent Similar Accident/Injury From Occurring: _____

Describe Action Taken, If Any, To Help Prevent Similar Accident/Injury From Occurring: _____

Is Any Disciplinary Action Proposed? No ___ Yes ___ If Yes, Explain _____

Any Additional Action Necessary? No ___ Yes ___ If Yes, Explain _____

Was Accident/Injury Preventable? _____ Non-Preventable? _____ Don't Know _____

If Non-Preventable, Explain: _____

******* A PREVENTABLE ACCIDENT/INJURY IS ONE IN WHICH OUR EMPLOYEE FAILED TO DO EVERYTHING WITHIN REASON TO PREVENT IT FROM OCCURRING*******

Supervisor Who Conducted Investigation: _____

Date Signed: _____

I Have Read This Report: _____

Signature of Affected Employee

Affected Employee's Comments/Suggestions: _____

Management Review By: _____

Title: _____

SEND ORIGINAL TO RISK MANAGER OR SAFETY COORDINATOR