SUPERVISOR'S INJURY REPORT

Date of injury: Time	of injury:	_ Date and time of investigation:
WHO was injured:		
WHO else was involved in t	ne incident:	
WHAT was the employee d		
WHAT equipment, process	or activity not described a	above may be related to the incident?
WHERE did the incident tak	e place?	
WHAT is the specific injury?	(include body part(s) and	d severity)

-continued on back-

causes you can identify. Continue to ask "why" for at least 5 levels of identified causes.
1.
2.
3.
4.
5.
HOW can similar incidents be prevented in the future? (include management, employee, equipment, and environmental considerations)
Name and title of person completing form:
Phone :
Signature:
Safety Follow-up: What preventive measures were put in place to permanently avoid recurrence of similar incidents