



## SUPERVISOR REPORT OF INJURY/ILLNESS

### SECTION I: SUPERVISOR REVIEW

|   |           |  |                        |
|---|-----------|--|------------------------|
| Employee Name   | Job title | Campus/Department  | Date of Injury/Illness |
| <b>Type of injury (check one):</b><br><input type="checkbox"/> Animal bite <input type="checkbox"/> Struck by or against object <input type="checkbox"/> Repetitive motion (Ergonomic) <input type="checkbox"/> Cut or wound<br><input type="checkbox"/> Burn <input type="checkbox"/> Fall/slip/trip <input type="checkbox"/> Chemical exposure<br><input type="checkbox"/> Puncture and/or bodily fluid exposure<br><input type="checkbox"/> Lifting, pushing, pulling, or other material handling activities <input type="checkbox"/> Other (specify): _____ |           |  |                        |
| Did the employee lose time for work? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what was the first day of lost time?   |           | Was a doctor seen? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |                        |
| Was the accident preventable <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain:  |           | Was anyone else injured? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Specific name(s): |                        |

### SECTION II: ROOT CAUSE

|   |   |
|---|---|
| Describe by Supervisor: How did the incident occur according to your findings? What was the activity and any tools, equipment, or materials employee was using?   |   |
| <b>Type of injury (check one):</b><br><input type="checkbox"/> Animal bite <input type="checkbox"/> Struck by or against object <input type="checkbox"/> Repetitive motion (Ergonomic) <input type="checkbox"/> Cut or wound<br><input type="checkbox"/> Burn <input type="checkbox"/> Fall/slip/trip <input type="checkbox"/> Chemical exposure<br><input type="checkbox"/> Puncture and/or bodily fluid exposure<br><input type="checkbox"/> Lifting, pushing, pulling, or other material handling activities <input type="checkbox"/> Other (specify): _____ |   |
| <b>Employee Performance</b>   | <input type="checkbox"/> Lack of practice <input type="checkbox"/> Fatigue <input type="checkbox"/> Physically not capable<br><input type="checkbox"/> Improper risk taken and/or poor judgment <input type="checkbox"/> Rush<br><input type="checkbox"/> Lack of skill, knowledge, or hazard awareness <input type="checkbox"/> Other (specify): _____ |
| <b>Environment and Work Area</b>  | <input type="checkbox"/> Uneven surface <input type="checkbox"/> Noisy environment <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Slippery surface <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Insufficient lighting   |
| <b>Management</b>   | <input type="checkbox"/> Lack of policies/procedure <input type="checkbox"/> No enforcement <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Training was insufficient/inadequate <input type="checkbox"/> Training was not provided   |
| For each root cause, make sure to identify a preventive action (things that supervisor or employee will do to prevent the incident from occurring again).   |   |
| Supervisor Signature  | Date  |