

SUPERVISOR INCIDENT REPORT

Please return to Human Resources

Injured person's name: _____

Location of incident: _____

Date/Time of incident: _____ Date/Time Reported: _____

Description of the incident: _____

Witness names: _____

Cause of incident/action taken: _____

Were safety procedures followed: _____

Comments from site inspection: _____

Recommendations/pending action: _____

Recommendation from employee to correct problem: _____

Signature of person performing the investigation

Date

Signature of injured worker

Date