



SUPERVISOR INJURY/ILLNESS INVESTIGATION

Supervisor	Date of Report
Employee	Date of Injury/Illness
Reported by	Reported to
Severity (circle all that apply) First Aid / Medical / Ambulance Called / Lost Time / Fatality / Damage	
Injury/Illness description (describe in full detail what, how, where, when, etc.)	
Is this the same as the employee description? ___yes ___no	
If different than employee description, please explain:	
Did hospital admission occur? ___yes ___no	
If so, include name and phone number of hospital:	
In your opinion was this Injury/Illness avoidable? If yes, please explain:	
What do you think could be done to prevent a similar Injury/Illness?	
Are there any pre-existing conditions that may have caused the Injury/Illness? If so, explain:	
Additional comments:	
Supervisor Signature	Date

When completed sign and make a copy for your records and turn the original in to the Health and Safety Manager.