



**Occupational Safety and Health Services (2007)**

OSHS Case Number: \_\_\_\_\_

**Supervisor's Incident Report**

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM!**

**This form should be completed by the IMMEDIATE SUPERVISOR and NOT THE INDIVIDUAL involved in the incident.**

It is the Supervisor's responsibility to initiate necessary corrective actions and to report the action taken (or to be taken in the case of training or a repair, etc.) on this form. It is essential that the cause(s) of the incident be identified and corrected where possible to avoid a reoccurrence.

This form must be completed **within 24 hours after learning of the incident** and returned to the OSHS office.

**Provide as much detail as possible and do not leave blank spaces, indicate none, N/A, or unknown where appropriate.** Attach additional information if needed.

Person Involved: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Local Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_ Dept \_\_\_\_\_ Job Title: \_\_\_\_\_

Status (Check One):  Employee  Student Employee  Student  Other: \_\_\_\_\_

Employee Identification Number: \_\_\_\_\_

Date of Hire at MTU: \_\_\_/\_\_\_/\_\_\_ Years of (MTU) Experience in Present Position: \_\_\_\_\_

**Indicate Medical Treatment Required (answer each question):**

- |                               | YES                      | NO                       |                |
|-------------------------------|--------------------------|--------------------------|----------------|
| a. First Aid Given?           | <input type="checkbox"/> | <input type="checkbox"/> | By Whom: _____ |
| b. Treated by Doctor?         | <input type="checkbox"/> | <input type="checkbox"/> | Who: _____     |
| c. Treated in Emergency Room? | <input type="checkbox"/> | <input type="checkbox"/> | Where: _____   |
| d. Hospitalized Overnight?    | <input type="checkbox"/> | <input type="checkbox"/> | Where: _____   |

**Date Employee will Return to Work:** \_\_\_/\_\_\_/\_\_\_ **OR Anticipated Date:** \_\_\_/\_\_\_/\_\_\_

**Date of Incident:** \_\_\_/\_\_\_/\_\_\_

**Time of Incident:** \_\_\_\_\_ am/pm

**Time employee began work:** \_\_\_\_\_ am/pm

**What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

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**What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

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**Where did the incident occur?** Building: \_\_\_\_\_ Room Number: \_\_\_\_\_ Other: \_\_\_\_\_

**What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "scalp laceration."

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**Injury description** (fill-in blank or circle choice):

Body Part(s) Involved: \_\_\_\_\_ **AND**

(Circle as appropriate) left right upper lower top bottom

Type of injury/illness (e.g. cut, strain, crush, etc.): \_\_\_\_\_

**What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, write "NA".

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**If the incident involved a fatality, Date of Death:** \_\_\_ / \_\_\_ / \_\_\_ **AND contact OSHS immediately.**

**Describe any corrective actions taken or to be taken as a result of this incident:** \_\_\_\_\_

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If a corrective action **will be** taken later, it will be followed up by whom: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Supervisor's Name (please print): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_

**Send original to OSHS  
Keep a copy for your file**