



SUPERVISOR OCCUPATIONAL INJURY REPORT

- This form is to be filled out by the employee with their respective supervisor for all injuries regardless of extent.
Must be fully completed within 24 hours.
If injury involved doctor's treatment or lost time, you must additionally Complete Workers' Compensation 801 Form.
Purpose: To provide data for the Oregon Safe Employment Act (O.S.H.A.) and WOU Risk Management.

PART I - Employee Information

Employee Name: Last First Middle Initial
Employee ID# Birth Date: Hire Date:
Position Title: Department:
Employee Category:
Working Days: Working Hours:

PART II - Injury Information/ Incident Details

Incident Details: Date of Incident: Time of Incident:
Work Status:
Treatment:
Blood:
Nature of Injury:
Cause of Injury:
Body Part Affected:
Have you had a prior injury to this body part?

Incident Details

Specific Site of Incident (i.e. building room, etc.)

Task/Activity at time of Incident

Describe the Incident (List the sequence of events; what happened and why.

Were there any witnesses?

1. _____

2. _____

Root Causes

Identify factors that may have contributed to or caused incident (check all that apply):

Supervisor and or Employee

- Safety procedures need to be reviewed
- Training needed
- Attention to surroundings
- Ergonomics or body mechanics

Equipment

- Improper use
- Proper tool not available or not used
- PPE (personal protective equipment) needs to be reviewed
- Tool/equipment in need of repair, describe:

Environment

- Building condition
- Chemicals
- Lighting
- Weather
- Caused by a 3rd party

Name: _____

Other/Explain

PART III – Recommendations/Prevention

What can be done to prevent this incident from happening again?

- Training
- Maintenance/repair
- Request assistance with task
- Other

Explain: _____

Who will follow up? _____ Date to be completed: _____

PART IV - Signatures *By signing below, I certify that this information is true and correct to the best of my knowledge.*

| | Print Name | Signature | Date | Phone |
|------------|------------|-----------|------|-------|
| Employee | | | | |
| Supervisor | | | | |