



FACTS OF ACCIDENT

(Supervisor's Report of Accident)

Employee Information:

Employee Name: _____

Job being performed at the time of accident: _____

Immediate Supervisor's name (Please Print): _____

Location of accident: _____

Date and time of accident: _____

Witnesses of accident: _____

Precise Detail of accident:

What could have been done to prevent the accident?

Was the accident investigated? Yes No (Please submit a copy of the report.)

If yes, by whom? _____

Has the employee had a similar injury? Yes No

If yes, give a date. _____

Was employee taken to an emergency room? Yes No

Has the employee returned to work full duty? Yes No

Have you received a doctor's note returning the employee to full-duty? Yes No

What corrective measures, if any, have been made?

Supervisor, it is very important that if your employee was seen by a doctor that you have a doctor's note releasing him/her to full or light duty. Please note that no employee who has been seen by a doctor for a work-related injury may return to work without a work slip. It is important that this work slip is turned into the Risk Management office. If you have any questions regarding this information, please contact the Risk Management office at x3675 or x3406. Mahalo