Supervisor's First Report of Employee Injury/Illness

Position:

Employee's Name:

Social Security #:

Phone: H)

Address

of Injury/Illness:

Time of Injury/Illness:

a.m. / p.m.

Date

Location Injury Occurre

t of body involved (e.g. cut left hand, strained back, etc.):

Nature of Injury and pa

Names of witnesses:

Yes

No

Did the employee see a doctor?*

Doctor's name:

Phone:

Department

Your Name

How did you find out about the injury/illness?