

Brandeis University

Office of Human Resources

Supervisor's Report of Illness or Injury

Instructions: This report must be completed by the supervisor or department head for faculty, staff or student involved in an incident or accident which results in personal injury. Each supervisor/department head is responsible to assure this form is fully completed, signed and returned to Human Resources at MS118 within 1-2 day following the incident/accident. Please keep a copy for your records.

Immediate Supervisor's Name (please print)

Department

Injured Employee Name (please print)

Job Title

When did Injury occur? Date: _____ Time: _____

When did you first know of the injury? Date: _____ Time: _____

If the employee did not report this injury at the time it was incurred, give the reason for the delay.

Describe the exact location where the accident occurred.

Name of witness(es) : _____

Describe fully how the accident occurred: _____

Was this incident related to the employee's regular occupation? If not, please explain: _____

Describe the extent of injury to the employee, include all injured body parts: _____

What steps were taken after the accident to provide care for the employee? (First aid, visit to Health Center, BEMCO, etc)

Describe all unsafe acts and unsafe conditions which contributed to the cause of the accident. _____

Describe corrective actions you have taken to prevent accidents of this type from recurring. _____

Did the injured employee finish the workday? Yes No (please, check one)

Did the injured employee work the next scheduled workday? Yes No (please, check one)

What are the employee's regular days off? _____

What are the employee's hours scheduled to work? _____

Immediate Supervisor's signature

Date

Dept Head's signature

Date