

**SUPERVISOR'S INCIDENT REPORT
FOR WORKER'S COMPENSATION
RADFORD UNIVERSITY**

Employee Name _____

Department _____ Employee's Position _____

Date Reported _____ Date of Injury/Illness _____ Time _____

EMPLOYEE'S DESCRIPTION OF INCIDENT. Ask the employee to complete this section as soon as possible after the incident is reported. Add blank pages as needed.

What happened? _____

Where did the incident happen? _____

What do you believe caused it to happen? _____

How could it have been prevented? _____

Who saw it happen? _____

What is your injury? _____

Any additional comments: _____

I verify that the above statements are true to the best of my knowledge.

Employee's signature _____ Date _____

SUPERVISOR COMMENTS

I have taken the following corrective action to prevent reoccurrence and have reported this incident to my supervisor: _____

Supervisor's signature _____ Date _____

CONTINUE INCIDENT REPORT BY HAVING EACH WITNESS COMPLETE
THE WITNESS STATEMENT FORM

SUPERVISOR'S INCIDENT REPORT
FOR WORKER'S COMPENSATION
WITNESS STATEMENT FORM

Continuation of Injury Investigation which occurred on _____ for which an accident report is being filed on _____ employee's name.

Witness Name _____ Telephone Number _____

DESCRIPTION OF ACCIDENT
(Written by witness if possible)

What happened? _____

Did you actually see the incident happen? _____

Where did the incident happen? _____

What do you believe caused it to happen? _____

How could it have been prevented? _____

Any additional comments: _____

I verify that the above statements are true to the best of my knowledge.

Witness's signature _____ Date _____

Name of supervisor collecting the above information _____