SUPERVISOR'S REPORT OF INJURY

To protect your right to Worker's Compensation Coverage you must:

- **Complete the Supervisor's Report of Injury, sign it & get your supervisor to sign it**
- **Go to campus Health Services**
- **Return the Supervisor's Report of Injury to Human Resources within 24 hours or by the next work day**

Person injured or ill:

Name _____ What Occurred _____ First-Aid Given? ☐ Yes ☐ No

Local Address _____ _____ By Whom? _____

Telephone # _____ Date of Birth _____ _____ Health Services? ☐ Yes ☐ No

Male ☐ Female ☐ _____ **(This is required)**

University Status: Faculty ☐ Staff ☐ Visitor ☐ Student: ☐ FY SO JR SR _____

Type of Injury	**Body Part Involved**		**Action or Position of Victim**
☐ Abrasion	☐ Head	☐ Back	
☐ Animal Bite/Scratch	☐ Face	☐ Chest	☐ Bending
☐ Bruise	☐ Mouth	☐ Abdomen	☐ Carrying
☐ Dislocation	☐ Ear	☐ Hip	☐ Lifting
☐ Fall – Different Height	☐ Eye	☐ Buttocks	☐ Pushing
☐ Fall – Same Height	☐ Neck	☐ Thigh	☐ Pulling
☐ Fracture	☐ Shoulder	☐ Knee	☐ Reaching
☐ Insect Bite/Sting	☐ Arm	☐ Lower Leg	☐ Riding
☐ Laceration	☐ Elbow	☐ Ankle	☐ Running
☐ Skin Irritation	☐ Forearm	☐ Foot	☐ Sitting
☐ Slip	☐ Wrist	☐ Toe	☐ Standing
☐ Strike Object	☐ Hand	☐ Other: _____	☐ Walking
☐ Struck by Object	☐ Finger	_____	☐ Other: _____
☐ Trip		_____	_____
☐ Other: _____		_____	_____

Incident Information: (Who, What, When, Where, How): _____

_____

_____

_____

_____

_____

_____

Supervisor Use:

_____
Signature and Title of Supervisor

Date _____

Injured Employee Use:

_____
Signature and Title of Injured Employee

Date _____

Distribution: Original – Human Resources Yellow – Campus Safety Pink – Injured Employee

3/03

Department of Safety and Security Use Only

SAFETY AND SECURITY FOLLOW-UP:

Date	Time	Follow-up report	Signature/Unit #

Person conducting follow-up must print name, unit number and provide signature after every entry.