Supervisor's Initial Injury Report

Date of Report	
Supervisor Name	
Employee Name	
Employee Name	
Employee Job Title	
Date & Time of Incident	
Location of Incident	
Describe the Injury	
Describe How the Injury Occurred	
Witnesses (if any)	
vviuesses (ii ariy)	
Was Medical Treatment Provided?	
	•
Action Taken (if any)	
Action Taken (if any)	

Additional Notes