

**FIRST NOTIFICATION OF INJURY FORM**

**SUPERVISOR'S REPORT**

INJURED PERSON: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK ONE

EMPLOYEE

VISITOR

VOLUNTEER

NAME AND POSITION OF PERSON PREPARING REPORT: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

TIME OF INJURY: \_\_\_\_\_

A.M.  
P.M.

LEFT WORK? (CLICK)

**YES**

**NO**

ADDRESS OF ACCIDENT: \_\_\_\_\_

WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.

HOW DID THE ACCIDENT OCCUR?

HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB? \_\_\_\_\_

DAYS

MONTHS

YEARS

WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?

WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK)

**YES**

**NO**

IF NO, WHICH SPECIFIC PERSON PROTECTIVE EQUIPMENT WAS NOT USED & WHY?

DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK)

**YES**

**NO**

IF YES, WHAT IS THE CONDITION?

HOW COULD THIS ACCIDENT BEEN PREVENTED?

CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)

**YES**

**NO**

DATE: \_\_\_\_\_

REINSTRUCTION OF PERSON(S) INVOLVED?

**YES**

**NO**

EQUIPMENT REPAIR/REPLACEMENT?

**YES**

**NO**

IMPROVED PERSONAL PROTECTION EQUIPMENT?

**YES**

**NO**

REDUCED CONGESTION?

**YES**

**NO**

IMPROVED DESIGN/CONSTRUCTION?

**YES**

**NO**

DISCIPLINE OF PERSON(S) INVOLVED?

**YES**

**NO**

OTHER: \_\_\_\_\_

IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE: