SUPERVISOR'S REPORT OF INCIDENT

TOWN OF HAMBURG
S-6100 South Park Avenue
Hamburg, NY 14075
Today's Date_____

THIS FORM MUST BE Completed by immediate Supervisor and submited promptly.

EMPLOYEE:_____Dept._____
If ***NOT*** employee, Name:_____Address:_____
Job Title:_____
Incident Date:_____Time:_____A.M.____ P.M.____
Location of incident:_____
Description of the incident:_____
_____
_____
_____
What was root cause of injury?_____
Nature of Injury; Body part involved_____
_____
Tools, machinery, materials involved:_____
_____
Property Damage? YES____ NO____
If yes, please describe:_____
_____
If yes, was Property Damage Accident Report filled out?_____
If YES, a copy of the Property Damage Accident Report must be attached.
What protective equipment was used?_____
What action should be taken to avoid this injury in the future?_____
_____
Supervisor's follow up action_____
Who provided medical care?Doctor_____ Date_____
Hospital:_____Date_____
Did employee report to work next scheduled day? YES____ NO____
Witness to incident:_____

I HAVE READ THIS REPORT

X_____ _____
EMPLOYEE DATE

X_____ _____
SUPERVISOR DATE

cc: Department Head
Reporting Party
Personnel
Employee
Legal (non-employee)

Revised 01/08