Mendocino County Office of Education

SUPERVISOR'S REPORT OF EMPLOYEE INJURY

Name of Injured: _____ Job Title: _____

Date of Accident: _____ Time: _____ AM/PM

Date Reported To Company Nurse: _____ Time: _____ AM/PM

Date Reported To Supervisor: _____ Time: _____ AM/PM

Hours Employee Scheduled to Work on Date of Injury: Start: _____ AM/PM
End: _____ AM/PM

Accident Location: _____

Describe Injury & Body Part Affected: _____

_____

_____

Did injured leave work? _____ Date: _____ Time: _____ AM/PM

Did injured return to work? _____ Date: _____ Time: _____ AM/PM

Describe how accident occurred: _____

_____

_____

Names of witnesses: _____

What steps have been taken to prevent similar accident? _____

_____

_____

_____

_____

Supervisor's Signature: _____ Date: _____

☐ This incident did not require professional medical care.