## **SUPERVISOR'S REPORT**

NAME OF INJURED EMPLOYEE:	DATE OF ACCIDENT:
Did employee continue to work after accident? If	no, give time and date employee quit work:
Has employee returned to work? If yes, give exact date and shift returned:	
Was the proper PPE (Personal Protection Equipment) worr worn at the time of the accident	n? If yes, please give description of PPE
Give your account of the accident (based on your investign description.)	
_	
WERE THERE WITNESSES TO THIS ACCIDENT?IF S  (Attach witness statement to report or for	
SIGNATURE OF SUPERVISOR	DATE
SIGNATURE OF SOFERVISOR	DATE

DID THE INJURY OR DISABILITY OCCUR WHILE RESPONDING TO, OR ACTING AT A CALL WHETHER ACTUAL OR FALSE OR WHILE PERFORMING AT A TRAINING SESSION, PROVIDED THE INJURY IS A DIRECT RESULT OF TRAINING?

YES NO (Circle One)

For Fire Personnel ONLY: