

Supervisor's Report

The injured employee's supervisor must complete both pages of this form with as much detail as possible.



Your Name _____ Department _____
 Work phone number _____ Best contact phone number _____

Injured Party Information:

Full name _____ DU ID # 87 _____
 University Status: Staff Faculty Student Employee

REQUIRED: Employee's regular work schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours

If an employee works an overnight shift, please document that shift's hours on the day of the week the shift starts.

Incident Information:

Date of notification _____ Date of incident _____ Time of Incident ____:____ AM PM

Did the employee finish their shift on the date of the incident? Yes No

Did the employee receive any medical treatment? First Aid Workers' Comp Clinic Hospital Other: _____

Did the employee ignore any instructions that would have prevented the injury or made the injury less severe?

What was the exact location of the incident? (Ex. Southeast staircase of Sturm Hall, 3 rd floor, etc.)	Provide a detailed description of the incident.
What specific body part(s) was injured? (Ex. left elbow, lower back on right side, etc.)	In your opinion, what caused the incident/injury?
Was the injury the result of the employee not following safety rules, Standard Operating Procedures (SOPs), or Job Hazard Analysis (JHA)? If yes, please describe.	Was the employee instructed to use personal protective equipment (PPE)? Was the employee wearing the appropriate PPE? If no, please describe.
Describe any contributing factors that may have been present (wet floors, snowy weather, controlled indoor environment, etc.).	What corrective measures will you take or implement to avoid another incident of this type? Re-training? Be specific.

What was the nature of the injury?

<input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Lifting/handling materials <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> Reaching/twisting <input type="checkbox"/> Crawling/bending	<input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Typing/mousing <input type="checkbox"/> Other repetitive motion
<input type="checkbox"/> Puncture/Cut <input type="checkbox"/> Tools/equipment <input type="checkbox"/> Surface/object <input type="checkbox"/> Bite-insect/animal	<input type="checkbox"/> Slip/Fall <input type="checkbox"/> Wet surface <input type="checkbox"/> Ice/weather related <input type="checkbox"/> Uneven surfaces <input type="checkbox"/> Stairs <input type="checkbox"/> Over objects <input type="checkbox"/> From heights
<input type="checkbox"/> Struck <input type="checkbox"/> Falling/moving object <input type="checkbox"/> Tools/equipment <input type="checkbox"/> Stationary object <input type="checkbox"/> Person	<input type="checkbox"/> Exposure <input type="checkbox"/> Temperature extremes <input type="checkbox"/> Chemical <input type="checkbox"/> Foreign object <input type="checkbox"/> Noise
<input type="checkbox"/> Other <input type="checkbox"/> Personal health condition <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Other: _____	<input type="checkbox"/> Auto <input type="checkbox"/> DU driver caused <input type="checkbox"/> Other driver caused <input type="checkbox"/> Police Report #: _____

Do you have any concerns about this claim? Please describe. Attach additional pages if needed.

Additional Information

Did employee receive the Workers' Comp Medical Providers list? Yes No Date given to employee: ___/___/___
Were pictures taken of the accident scene? Yes No If yes, please email them with this report.
Do you have witness statements? Yes No If yes, please submit a copy with this report.
Was a Campus Safety Report completed? Yes No If yes, what is the report number? _____

Additional Comments

Supervisor Signature: _____ Date: ___/___/___

Email this completed Supervisor's Report with (1) the signed Workers' Compensation Medical Providers list and (2) the Employee Report of Injury form to Enterprise Risk Management at risk@du.edu. We recommend that you do not scan forms directly to risk in case the bizhub is offline. Please scan them to yourself and then forward the email to risk@du.edu so that you know it has gone through.