

# BSE SUPERVISOR INCIDENT/ INJURY REPORT

Instructions: Supervisors shall use this form to report all work-related incidents, injuries or a “near-miss” events (which could have caused an injury/incident). This will help us to identify and correct hazards before they happen. This form shall be completed by a supervisor and submitted as soon as possible to management for review and determination of action.

I am reporting a work-related:  Injury  Incident  Near-miss

Supervisor and department: \_\_\_\_\_ Event Date: \_\_\_\_\_

Employees involved: \_\_\_\_\_

Names of other individuals/companies involved: \_\_\_\_\_

\_\_\_\_\_

Witnesses if any: \_\_\_\_\_

Where, exactly did this occur: \_\_\_\_\_

Describe step by step what led up to the incident/injury or near-miss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What could have been done to prevent this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If injuries occurred, what parts of the body were injured? \_\_\_\_\_

\_\_\_\_\_

If damages to property, what damages occurred? \_\_\_\_\_

\_\_\_\_\_

Was medical attention given?  Yes  No

Names of individuals given medical attention. Where and what treatment was given:

\_\_\_\_\_

\_\_\_\_\_

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*-This page left intentionally blank for additional comments –*

Signature of Supervisor:

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Date:

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