Brandeis UNIVERSITY

Supervisor's Report of Illness or Injury

Instructions: This report must be completed by the supervisor or department head for faculty, staff or student involved in an incident or accident which results in a work-related injury. Each supervisor or department head is responsible to assure this form is fully completed, signed and returned to Human Resources at MS118 within 1-2 day(s) following the incident/accident. Please keep a copy for your records.

Injured Employee Name: _____ Telephone Number: _____

Department: _____ Job Title: _____

When did injury occur? Date: _____ Time: _____

When was the injury reported? Date: _____ Time: _____

If the employee did not report this injury at the time it was incurred, give the reason for the delay.

Name of witness(es): _____

What injury did the employee sustain and to which body part(s)? Ex: broken right leg, burn on left arm hand, cut/puncture/scrape to right arm, sprain/strain of left ankle.

How did the injury/accident occur? Ex: "Employee slipped and fell on wet ground", "Employee was sprayed by chemical", "Employee was struck by falling debris".

Was this incident related to the employee's regular occupation? If not, please explain:

Did the employee seek medical attention and where? Ex: first aid administered, BEMCO emergency, urgent care visit, visit to Health Center, etc.

Describe all unsafe conditions and/or unsafe acts which contributed to the cause of the accident.

Describe corrective actions you have taken to prevent accidents of this type from recurring.

Did the injured employee finish the workday?	Yes ○	No ○
Did the injured employee work the next scheduled workday?	Yes ○	No ○
Is the employee expected to remain out of work for 5 or more days?	Yes ○	No ○

Employee's regular days off? _____

Employee's scheduled work hours? _____

Immediate Supervisor Name (Please print)	*Immediate Supervisor Signature*	*Date*
Department Head Name (Please print)	*Department Head Signature*	*Date*