

# SUPERVISOR'S INVESTIGATION REPORT

(print clearly or type)

Name of Injured Employee/Banner ID		Date
Job Title and Department		
Date and Time of Injury	Type of Injury	

When did you first learn of this injury? (Date & Time) \_\_\_\_\_  
\_\_\_\_\_

What was the employee doing when injured? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did the accident happen (incl floor/rm no.)? \_\_\_\_\_

Was the injury caused by failure of injured to use safety equipment or observe regulations? \_\_\_\_\_  
Describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What corrective steps will be done (or could be done) to prevent recurrence? \_\_\_\_\_  
\_\_\_\_\_

Was the employee working at designated job? Yes  No   
Is there any light duty available for the injured worker? Yes  No   
Was WSU Police Department Contacted? Yes  No  (case # \_\_\_\_\_)

Other Comments (optional):

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Reviewed by Workers' Compensation Coordinator Date

**Return completed form within 48 hours of the injury to: Kristin Coles, Office of Risk Management, Suite 4622 AAB.**

## **The "Supervisor's Investigation Report" Form**

The purpose of this form is to 1) gather information required in order to process the employee's Workers' Compensation claim; 2) determine what actions are needed to eliminate or control the hazards that have caused the accident. The information gathered will guide our staff in developing safety consciousness and knowledge of safe conditions and safe work methods.

If you are not aware of the circumstances surrounding the injury, please consult with the employee in order to complete the investigation report accurately. The statements made in this report are very important and should not contain phrases such as "Employee should be more careful." As the supervisor, please make the appropriate corrective recommendations for each accident such as "notified the appropriate employee to place caution signs in the area when floors are wet."

After you complete the investigation report, return it to Kristin Coles, Office of Risk Management, within 48 hours of the employee's work related injury.

If you have any questions or concerns, call Kristin Coles, the workers' compensation coordinator at 313-577-3112.