Caltech

SUPERVISOR'S INJURY INVESTIGATION REPORT

Return to H.R.
Mail Code 168-84

Completion of this form is required for work related injuries of more than first aid. The supervisor is to conduct a preliminary investigation, then complete this form and submit it to the Disability & Leave Administration Unit, Human Resources, within 3 days of the injury.

Employee Information

Employee Name: _____ UID #: _____

Employee's Job Title: _____

Employee's Home Dept.: _____

Injury Information

Date of Injury: _____ Time of Injury: _____ Location of Injury: _____

Date Reported: _____ Reported to: _____

What task was the employee performing when the injury occurred? _____

_____

How did the injury occur (describe in detail, provide all factors contributing to the injury): _____

_____

_____

_____

List body part(s) injured: _____

Was another person involved in the accident, list name(s) and describe how they were involved: _____

_____

Were there any witnesses, if yes list names: _____

Was there anything unusual about the accident? _____

Was the employee acting in the course of employment? Yes _____ No _____ Unsure _____

Did the employee receive medical treatment? Yes _____ No _____ Unsure _____

Has the employee returned to work? Yes _____ No _____ Unsure _____

Corrective Action

Was the incident discussed with the employee? Yes _____ No _____

How could this incident/injury be prevented in the future? _____

_____

Corrective action to be taken by the department: _____

Sign off

_____
Supervisor / Administrator (please print) Date

_____
Signature

Date received by Disability & Leave Administration:

cc: Insurance Carrier
Claims Administrator
Safety Department