Supervisor's Injury Report

Office of Human Resources
90 Quaker Hill Road
Unity, ME 04988
207.948.3131

NOTE: This report must be completed immediately after the alleged incident. A $100 fine will be imposed by the state for each late report. This fine will be billed to the department responsible.

Last Name First Name Middle Initial

Social Security Number Date of Birth Sex

Address City State Zip

Home Phone Number Work Phone Number

Job Title Department Rate of Pay

Time employee began work (i.e. 7:00 a.m.):_____ Timekeeping location:_____

Does the employee work for another employer? [ ]No [ ]Yes If yes, who?_____

Date of injury:_____ Time of injury:_____ [ ]a.m. [ ]p.m. Date supervisor was notified:_____

Did employee lose time from work? [ ]No [ ]Yes If yes, pleas specify the first date of incapacity:_____

Has the employee returned to work? [ ]No [ ]Yes If yes, please specify the date of return:_____

Was medical treatment necessary? [ ]No [ ]Yes If yes, pleas specify the first date of treatment:_____

Physician:_____ Hospital/Health Facility:_____

Specify the activity the employee was engaged in when the event occurred (i.e. washing dishes):

Was this activity part of normal job duties? [ ]Yes [ ]No

Describe the sequence of events and include any object or substances that directly injured or made the employee ill (i.e. worker was washing dishes with a wash cloth. Worker put hands in sink to grab a pot and was cut by a knife):

List body part(s) affected (i.e. right index finger and right hand):

List all equipment, materials, or chemicals employee was using when the event occurred (i.e. sink, wash cloth, pot):

Supervisor's Signature Date Work Phone Number w/ Ext.