



SUPERVISOR'S REPORT
Of Work Injury or Illness

1111 Ashworth Rd
West Des Moines, IA 50265
GuideOne.com

Name of Injured Employee: _____

Job Title: _____ Department: _____

Incident Location: _____ Time of Incident: _____ am / pm

When was the incident reported to the supervisor? Date: _____ Time: _____

Witness: _____

Was Physician seen? _____ Physician or Clinic Name: _____

INCIDENT DESCRIPTION (BE SPECIFIC): _____

Exact location of incident: _____

CAUSE OF INCIDENT: _____

Were any HR or safety policies violated? _____

If yes, describe the nature of the policy violation (and attach appropriate documentation): _____

Name: _____ Date: _____

