Fluvanna County
Supervisor's Incident Report

☞ ☞ **PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM!** ☜ ☜

This form should be completed by the IMMEDIATE SUPERVISOR and NOT THE INDIVIDUAL involved in the incident.

It is the Supervisor's responsibility to initiate necessary corrective actions and to report the action taken (or to be taken in the case of training or a repair, etc.) on this form. It is essential that the cause(s) of the incident be identified and corrected where possible to avoid a reoccurrence.

This form must be completed **within 24 hours after learning of the incident** and returned to the Human Resources office.

Provide as much detail as possible and do not leave blank spaces, indicate none, N/A, or unknown where appropriate. Attach additional information if needed.

Person Involved: _____ Male: _____ Female:_____
(Last Name) (First Name) (Middle Initial)

Local Home Address: _____ City: _____ Zip: _____

Birth Date: ____/____/____ Phone: _____ Dept _____ Job Title: _____

Employee Social Security Number: _____ _____ _____

Date of Hire: ____/____/____ Years of Fluvanna County Experience in Present Position: _____

Indicate Medical Treatment Required (answer each question):

a. First Aid Given? By Whom: _____

b. Treated by Doctor? Who: _____

c. Treated in Emergency Room? Where: _____

d. Hospitalized Overnight? Where: _____

Date Employee will Return to Work: ____/____/____ OR Anticipated Date: ____/____/____

Date of Incident: ____/____/____Time employee began work: _____ am/pm **Time of Incident: _____** am/pm

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

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What happened? Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

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Where did the incident occur? Building: _____ Room: _____ Other: _____

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "scalp laceration."

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Injury description (fill-in blank):

Body Part(s) Involved: _____ Type of injury/illness (e.g. cut, strain, crush, etc.): _____

What object or substance directly harmed the employee? *Examples:* "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, write "NA".

_____

_____

Was their safety equipment in place? If so describe. If not, explain why not.

_____
_____
_____
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Describe any corrective actions taken or to be taken as a result of this incident:

_____
_____
_____
_____
_____
_____
_____

If a corrective action <u>will be taken later</u>, it will be followed up by whom: _____
_____
_____

Supervisor's Signature: _____ Date: ____/____/____

Supervisor's Name (please print): _____ Work Phone: _____

Department: _____

Send original to Human Resources

Keep a copy for your file