



### Supervisor Incident Report

Today's Date: \_\_\_\_\_

Please complete and send to the HJF Corporate Occupational Safety and Health (OSH) Program within 48 hours, by fax (240) 694-3132 or by email <a href="mailto:safety@hjf.org">safety@hjf.org</a> . Copies must also be provided to local host-site and HJF safety offices as required by local polices. Questions may be addressed to the HJF Corporate OSH Program at (240) 694-4050. Attach additional sheets as necessary.	
Employee's Name:	Employee's Work Phone Number:
Your (Supervisor's) Name:	Your Email Address:
Your Title:	Your Work Mailing Address:
Date of Incident:	Time of Incident:
When were you notified of the incident?	Location of incident (Bldg & room #):
What was the employee doing immediately before the incident?	
Describe how the incident occurred? (what, who, how):	
Describe nature of employee's injury.	
Who investigated the incident? (Check all that apply) <input type="checkbox"/> Self <input type="checkbox"/> Local HJF Safety Manager NAME: PHONE: <input type="checkbox"/> Government Host-Site Safety Officer NAME: PHONE:	
Were safeguards and/or personal protective equipment (PPE) provided?    Yes    No  Were they used?    Yes    No	Describe safeguards and/or PPE being used at the time of the incident.
Was medical assistance obtained?    Yes    No <i>If yes, complete the following.</i>  Name of individual providing medical treatment:  Name of facility providing treatment:  Full address of facility/provider (please include street, city, state and zip code):  Provider's phone number:	

Outcome of medical evaluation: Returned to work; DATE: Light duty/restricted duty; Number of days: Unable to return to work; Number of days:	
Witnesses (List names and a phone number for each):	
Name:	Work Phone:
Name:	Work Phone:
Name:	Work Phone:
What should or could have been done to prevent the incident, in your opinion?	
Have you discussed any corrective actions with the employee? Yes. Specify what corrective actions were discussed:  No. When do you plan to discuss?	
Have corrective actions been implemented? Yes. What action has been taken?  No. Why not?	

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



**Do not write below line**  
**To be completed by HJF on-site safety manager and/or OSH Manager**

Date of follow-up:  
Corrective actions implemented or completed:

Is an accident investigation report necessary?  
Yes (attach to this form when completed)  
No (no further investigation is required)

OSHA 300 Log Entry required?  
Yes; Date Entered:  
No; Not reportable

\_\_\_\_\_

Signature

\_\_\_\_\_

Date