



Supervisor Incident Report

Advancing Military Medical Research

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 safety@hjf.org. 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:
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Your (Supervisor's) Name:	Your Email Address:
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Your Title:	Your Work Mailing Address:
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Date of Incident:	Time of Incident:
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When were you notified of the incident?	Location of incident (Bldg & room #):
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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)

Self

Local HJF Safety Manager NAME:
PHONE:

Government Host-Site Safety Officer NAME:
PHONE:

Were safeguards and/or personal protective equipment (PPE) provided? Yes No	Describe safeguards and/or PPE being used at the time of the incident.
Were they used? Yes No	

Was medical assistance obtained? Yes No *If yes, complete the following.*

Name of individual providing medical treatment:

Name of facility providing treatment:

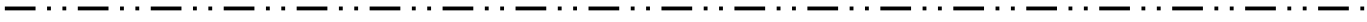
Full address of facility/provider (please include street, city, state and zip code):

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