

Town of Manchester, Connecticut
Supervisor's Report of Accident/Injury/Illness

Please complete **BOTH** sides of this form in pen for any work related accident/injury/illness and send the original to Jan Devendorf in Human Resources. Report claim electronically at www.netclaim.net or call 1-800-652-4762 (CIRMA).

INJURED EMPLOYEE'S INFORMATION

Department: _____ Employee's Job Title: _____

Employee's Name: _____

Employee's Home Address: _____

City/State: _____ Zip: _____ Employee status: ft ____ pt ____

Employee's Telephone Number- Home: _____ Cell: _____

Gender: Male: ____ Female: ____ Date of Birth: _____ Date of Hire: _____

ACCIDENT/INJURY INFORMATION

Date of Occurrence: _____ Time of Occurrence: _____ a.m./p.m.

What part of the employee workday? ____ performing normal work activities
____ entering or leaving work ____ working overtime ____ other (list) _____

Date Reported to Supervisor: _____ Time Reported to Supervisor: _____

Location (address) where accident/injury/exposure occurred: _____

Body part affected/injured: _____

Description of Accident/Injury: _____

Check one:

- ____ Incident only, no medical attention
____ Medical attention, no lost time
____ Medical attention and lost work time

Did employee refuse medical treatment? yes ____ no ____

If treatment was given away from worksite, where? _____

Witness to accident: _____

Witness statement: _____

Supervisor's Review of Incident

Please check any of the following which may have contributed to the accident/injury/illness. You may also write in more information on the "other" line:

- Improper lifting technique
- Improper body mechanics
- Using equipment in unsafe way
- Improper clothing
- Failure to use PPE
- Operating at unsafe speed
- Improper maintenance
- Improper protective equipment
- Unsafe equipment
- Lack of training or skill
- Failure to follow instruction
- Operating without authority
- Did not follow proper procedure
- Unsafe personal space/proximity to equipment
- Working/walking on uneven surface
- Unsafe position
- Failure to use seatbelt
- Other _____

What was discussed with employee about this accident/ injury?

Based on this incident is there a hazardous condition or unsafe process that should be addressed or corrected? yes _____ no _____

If yes, what steps will be taken to correct?

Please indicate employee's comments or suggestions to prevent this incident from occurring again:

Did employee report the accident/injury/illness to a supervisor within 24 hours of occurrence?

Yes _____ No _____

My supervisor and I have reviewed and discussed the above accident/injury/illness.

Employee's signature

Date

I have reviewed the incident with my employee.

Supervisor's Name (print)

Supervisor's Signature

Supervisor Phone Number

Date

Reviewed by (Dept./Div. Head): _____ Date: _____
(Signature)

Reported to CIRMA: _____ By: _____
Date Time Supervisor

Please report electronically at www.netclaim.net if possible. If you have trouble logging in, you may call 1-800-OK-CIRMA (1-800-652-4762) to report the claim.

Reference # _____