

Supervisor's Report of Employee Accident

IN ORDER TO COMPLY with OSHA reporting regulations, Supervisors must provide the following information immediately following all work-related injuries, whether medical treatment is required or not. Completed form should be routed to campus Workers' Compensation office in accordance with campus procedures. **This form must accompany the completed State of Tennessee "Accident Report" claim form.**

IMPORTANT: *If the employee does seek medical attention, remind him or her that medical services must be from a State network provider in order for medical expenses or lost time to be paid.*

1. **EMPLOYEE** Name _____ Male Female (circle one)
Job Title _____ Personnel No. _____
Time employee began work _____ Cost Center _____

2. **ACCIDENT CIRCUMSTANCES** Date of Accident _____ Time of Accident _____
Date Reported _____ Time cannot be determined _____

Was employee engaged in job duties at the time of accident? YES NO

Describe the conditions or circumstances which caused this accident to occur (what, who, when, how and why). Please be specific. Use additional paper if necessary.

Witnesses, if any _____

3. **INJURIES** Extent of injury and affected body part/s _____

Was employee hospitalized for this injury overnight? YES NO

Was employee treated in an emergency room? YES NO

When did employee first receive medical treatment for this injury? _____

Where? _____

4. **OUTCOMES** Will the employee lose work time other than the day of injury? YES NO
When? _____ How much? _____

Could this accident have been prevented? Explain. _____

What actions will be taken to prevent future accidents? _____

5. **OTHER COMMENTS** _____

DEPARTMENT INFORMATION Department _____
Name of Supervisor _____ Campus Phone _____
Supv. Signature _____ Date _____