



DEPARTMENT OF CAMPUS POLICE

(502) 897- 4444 · police@sbts.edu · www.sbts.edu/police

Supervisor's Accident/Injury Report and Investigation

(To be completed by the immediate supervisor of the injured employee and forwarded to the Campus Police Office.)

Employee's name and department _____

Employee's job title or occupation _____

Employment status: Full time ____ Part time ____ Temporary ____

Pay type: Hourly ____ Salary ____ Variable ____

Date of accident _____

Date of investigation _____

Location where incident occurred _____

Supervisor's Name (Supervisor completing report) _____

Wages per hour _____

Days worked per week _____

Hours worked per day _____

Time employee began work on day of injury _____

Date & Time employer notified of injury _____

By whom _____

Has employee missed time from work, beyond their normal shift? Yes ____ No ____

If no, expected date to return to work _____

If yes, last date worked _____

Date disability began _____

Did employee return to work [if yes, actual date returned to work]? _____

Did the salary continue after the injury? Yes _____ No _____

Did the employee receive full pay for the date of the injury? Yes _____ No _____

Injuries [Include what part(s) of body was affected] _____

Any prior physical disabilities or injuries noted? [If so, what? Will need documentation in personnel file to substantiate.]

How injury occurred [be specific] _____

Chemicals involved? Yes _____ No _____ If yes, list _____

Tools, vehicle or equipment used at time of injury _____

Was vehicle or equipment in good working condition? [If no, document problems]

Was PPE being worn or used? Yes _____ No _____ If yes, please list _____

Condition of work area at time of injury _____

What property was damaged (if any)? _____

Please indicate which of the following contributed to the illness or incident:

- Improper instruction _____
- Lack of training or skill _____
- Operating without authority _____
- Horseplay _____
- Physical or mental impairment _____
- Failure to secure _____
- Failure to lookout _____
- Unsafe position _____
- Improper dress _____
- Improper protective equipment _____
- Unsafe equipment _____
- Poor housekeeping _____
- Unsafe arrangement or process _____
- Poor ventilation _____
- Improper guarding _____
- Improper maintenance _____
- Inoperative safety device _____
- Other - explain _____

Injured employee's statement [Use additional paper if needed; Have employee sign if possible]

What do you consider the real cause of this accident? [Please do not use the word "careless".]

Supervisor's conclusions: _____

Was the Department of Campus Police notified? Yes _____ No _____
If yes, Date _____ Time _____

Was the Department of Human Resources notified? Yes _____ No _____
If yes, Date _____ Time _____

Witnesses [statements, department - use additional paper if needed] _____

Medical treatment given? Yes _____ No _____

If yes, was EMS called? Yes _____ No _____

Name of medical facility [if applicable] _____

Transported by _____

Do Not Complete Below

Department of Campus Police

Director or Supervisor's Review: Date _____ Time _____

Name _____

Report sent to CNA: Yes _____ No _____

If yes: Date: _____ Time: _____

By whom: _____