

# **SUPERVISOR'S REVIEW OF WORK-RELATED INJURY REPORT**

**WITHIN 24 HOURS OF NOTICE OR KNOWLEDGE OF ANY INJURY, SUBMIT THE FOLLOWING TO YOUR HUMAN RESOURCE DEPT.**

1. Employee's Report of Injury - completed and signed
2. Signed Certificate Authorizing Release of Medical Information (Workers' Comp. Board Form #220)
3. This Supervisor's Review - completed and signed

1. Name of Injured Employee: \_\_\_\_\_

2. Date of Injury: \_\_\_\_\_ 3. Type of Injury: \_\_\_\_\_

4. Date and Time you received notice, or had knowledge of the injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am/pm

5. Who informed you? \_\_\_\_\_

6. Person(s) not listed on the Employee's Report who might provide further information about the incident: \_\_\_\_\_

6a. Name and position: \_\_\_\_\_

6b. Work address and phone: \_\_\_\_\_

7. In your review of this Employee's Report of Injury, did you find it complete, consistent and accurate?  Yes  No

7b. If no, what item or items were missing, incomplete, inconsistent or innacurate? \_\_\_\_\_

8. Was this injury (check only one)  Avoidable  Unavoidable

8b. If avoidable, what could have been done? \_\_\_\_\_

9. What corrective measures have or are being taken? \_\_\_\_\_

10. Had this employee been trained in preventing this type of injury?  Yes  No

11. In order to determine contributing factors, please select any of the activities that you know the injured employee participates in, performs or enjoys when not on the job (select all that apply) before and/or after the injury:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> <i>Outdoor sports or activities</i> | <input type="checkbox"/> <i>Hunting / Fishing</i> | <input type="checkbox"/> <i>Home Renovations / Projects</i> | <input type="checkbox"/> <i>Crafting</i>      |
| <input type="checkbox"/> <i>Snowmobiling / Off-roading</i>   | <input type="checkbox"/> <i>Motorcycling</i>      | <input type="checkbox"/> <i>Knitting / Crocheting</i>       | <input type="checkbox"/> <i>Other Hobbies</i> |
| <input type="checkbox"/> <i>Other motor sports</i>           | <input type="checkbox"/> <i>Woodworking</i>       | <input type="checkbox"/> <i>Cycling / Other Sports</i>      | <input type="checkbox"/> <i>Other</i>         |

12. Please describe activities checked off above:

Your Name and Title: \_\_\_\_\_

Your Normal Work Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_