AdminSure, Inc.

Supervisor's Report of Injury or Illness

(Complete for All Employee Reported Injuries)

Employer: City of Palm Springs
Date of Injury or Illness: _____ Time: _____AM _____ PM
Department: _____
Division/Location: _____
Name of Injured Employee: _____
Occupation / Job Title: _____

Was medical treatment offered? ☐ Yes ☐ No
Was treatment refused? ☐ Yes ☐ No
Was Was employee given a claim form? ☐ Yes ☐ No

What type of medical treatment was given?
☐ First Aid ☐ Paramedics ☐ Emergency Room ☐ Hospitalization
☐ Clinic ☐ Authorized ☐ Other: _____

Pre-designated Physician's Name, if any: (attach form): _____
Was employee required to leave work due to this injury or illness? ☐ Yes ☐ No Date Last Worked if off work: _____
Has employee returned to work? ☐ Yes, Date Returned: _____ ☐ No, Still Off Work

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Name of person injury or illness was reported to: _____
Was incident reported immediately? ☐ Yes ☐ No If not, why: _____
_____
Location where accident or exposure occurred: _____
List property damage, if any: _____
What was employee doing at the time of injury or exposure? _____
Person, object or substance that directly injured employee: _____

WITNESS INFORMATION

Was the injury or exposure witnessed? ☐ Yes ☐ No, if yes complete this section

Witness 1 Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Witness 2 Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Body Part Injured (check all that apply, indicate left and/or right):

☐ Head ☐ Neck ☐ Face ☐ Eye ☐ Arm ☐ Wrist ☐ Finger ☐ Ankle ☐ Knee ☐ Foot ☐ Toe ☐ Leg ☐ Back
☐ Other _____ Describe body part (left, right, pinkie, etc.) _____

Nature of Injury/Illness:

☐ Scrape ☐ Bruise ☐ Burn ☐ Fracture ☐ Cut ☐ Puncture ☐ Sprain/Strain ☐ Poisoning ☐ Skin Problem
☐ Heat ☐ Cold ☐ Foreign Body ☐ Loss of Consciousness ☐ Chemical Related Problem
☐ Respiratory Problem ☐ Other _____

Check any of the following unsafe actions which apply:

☐ Haste/Unsafe Speed
☐ Not Authorized
☐ Disregard of Instructions
☐ Lack of Knowledge Skill/Training
☐ Failure to Use Proper Equipment
☐ Carelessness
☐ Improper Procedure
☐ Unsafe Equipment Usage
☐ Defective Equipment/Tools
☐ Inattention
☐ Inadequate Protective Gear
☐ Alcohol/Drugs
☐ Unsafe Lifting
☐ Unsafe Position
☐ Running/Jumping
☐ Poor Housekeeping
☐ Physical Handicap
☐ Other _____
☐ Assault
☐ Horseplay
☐ Inattention
☐ Act of Other

☐ I know the injury occurred on duty. ☐ I have no specific knowledge the injury occurred on duty.

What steps have been taken or recommended to prevent recurrence? _____
_____
_____
_____

Comments: _____
_____
_____

Supervisor's Signature: _____ Date: _____