

Supervisor's Report of Employee Incident

Manager: Tell us about the injury or incident right away by calling Omaha National at 844-761-8400 even if some spaces on this form are blank.

Injured Employee

Name _____	Employee ID _____
Job Title _____	Company Name _____
Witnesses <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	Phone Number _____
Name _____	Phone Number _____
Name _____	Phone Number _____

Incident

Date of Incident _____	Time of Incident _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Date Reported _____	Time Reported _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Was employee engaged in job duties at the time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of incident:	
Machines, materials, tools, or equipment used, handled, or involved:	
Type of injury and body parts affected:	

Medical Treatment and Work Status

First Aid Provided <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe _____
Missed Time <input type="checkbox"/> No <input type="checkbox"/> Yes	List Day(s) _____
Returned to Work <input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____
Work Status <input type="checkbox"/> Off Work <input type="checkbox"/> Light Duty <input type="checkbox"/> Regular Duty	
Emergency Care <input type="checkbox"/> No <input type="checkbox"/> Yes	
Physician Name _____	Hospital Name _____

Suggested Preventative and Corrective Measures

What actions will be taken to prevent future accidents?

Completed By _____

Date of Completion _____

Signature _____

Title _____