Catoosa County Government

Workers' Compensation

Supervisor's Accident Investigation

Injured Empolyee's Name:____

Birth Date:______________ Sex:_________ Job Title:________________________________

Home Address:____

____

Phone Number:____

Department:____________________________ Supervisor:____________________________

Work Phone Number:____

Exact location where injury occurred:____

Do duties of employee require being at this location? Yes__________ No__________

Did employee leave work on day of injury? Yes__________ No__________

Date and Time of Accident:______________________________________(am/pm)

DESCRIPTION OF THE INJURY:

1. State name of machine, tool, or other appliance with which injury occurred:

____

2. Describe the injury in detail and state how it occurred:

____

____

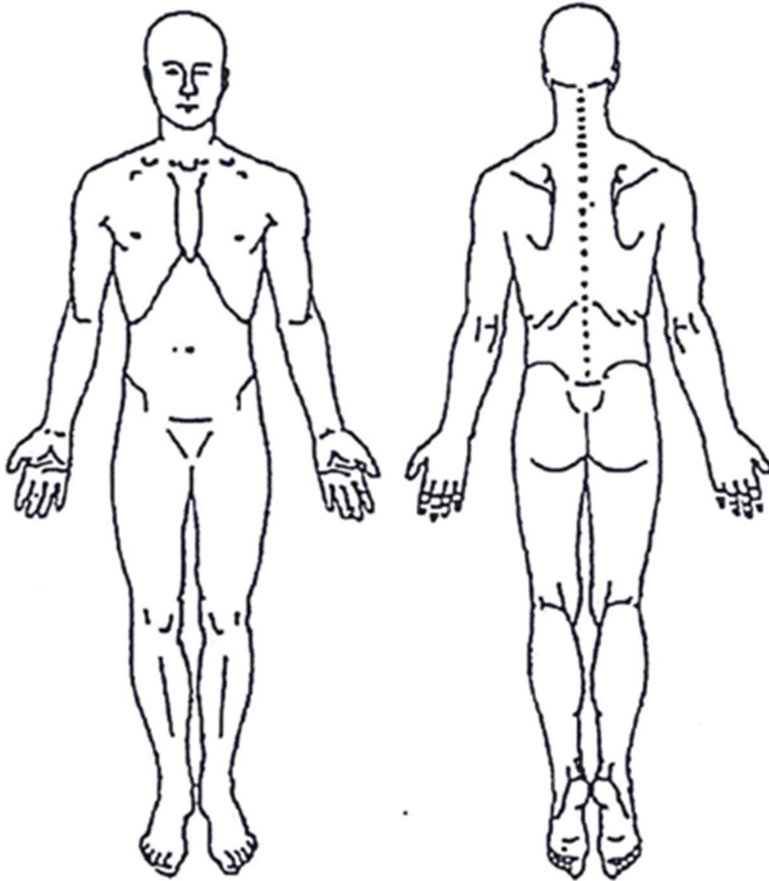
____

____

____

3. What part of person was injured?____

Indicate body part affected by circling:



4. Did employee lose time from work? Yes___________ No___________

If so, how much time?____

5. Medical Treatment Location:____

6. Date of Visit:____

7. Who authorized visit to physician?____

8. Was employee hospitalized? Yes___________ No___________ If so, where?______________

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9. Did employee receive prescription?____

10. Witnesses to injury? Yes__________ No__________ If yes, list name(s) and phone number(s)

Name:____ Phone Number:__________________

Name:____ Phone Number:__________________

Name:____ Phone Number:__________________

11. What contributed to the injury?____

____

____

____

12. Supervisor's corrective action to ensure this type of accident does not recur: ______________

____

____

____

13. Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? Yes___________ No___________

14. Was employee cautioned for failure to use the Personal Protective Equipment/Proper safety procedures? Yes___________ No___________

15. Did employee promptly report the injury? Yes___________ No___________

Supervisor's Name (PRINT):____

Supervisor's Signature:____

Phone Number:____ Date:_____________________

Department Head Signature:____

Date:____________________________________

County Manager Signature:____

Date:____________________________________