

# Supervisor's Report of Employee Accident

IN ORDER TO COMPLY with OSHA reporting regulations, Supervisors must provide the following information immediately following all work-related injuries, whether medical treatment is required or not. Completed form should be routed to campus Workers' Compensation office in accordance with campus procedures. **This form must accompany the completed State of Tennessee "Accident Report" claim form.**

**IMPORTANT:** *If the employee does seek medical attention, remind him or her that medical services must be from a State network provider in order for medical expenses or lost time to be paid.*

**1. EMPLOYEE** Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (check one)  
Job Title \_\_\_\_\_ Personnel No. \_\_\_\_\_  
Time employee began work \_\_\_\_\_ Cost Center \_\_\_\_\_

**2. ACCIDENT CIRCUMSTANCES** Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_  
Date Reported \_\_\_\_\_ Time cannot be determined \_\_\_\_\_

Was employee engaged in job duties at the time of accident? YES NO

Describe the conditions or circumstances which caused this accident to occur (what, who, when, how and why). Please be specific. Use additional paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses, if any \_\_\_\_\_

**3. INJURIES** Extent of injury and affected body part/s \_\_\_\_\_

Was employee hospitalized for this injury overnight? YES NO

Was employee treated in an emergency room? YES NO

When did employee first receive medical treatment for this injury? \_\_\_\_\_

Where? \_\_\_\_\_

**4. OUTCOMES** Will the employee lose work time other than the day of injury? YES NO  
When? \_\_\_\_\_ How much? \_\_\_\_\_

Could this accident have been prevented? Explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What actions will be taken to prevent future accidents? \_\_\_\_\_

**5. OTHER COMMENTS** \_\_\_\_\_  
\_\_\_\_\_

**DEPARTMENT INFORMATION** Department \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Campus Phone \_\_\_\_\_  
Supv. Signature \_\_\_\_\_ Date \_\_\_\_\_