

SUPERVISOR'S INVESTIGATION REPORT

Employer: _____

Employee Name: _____ Soc. Sec. # _____

Date of Injury: _____

Was an investigation completed concerning the circumstances of this injury? Yes No

Were there any witnesses to this injury? Yes No
If yes, witness statements should be attached.

Was the injury a result of horseplay? Under the influence of drugs, or
purposely self-inflicted? If yes, please specify: Yes No

Has there been any recent disciplinary action taken against this employee? Yes No
If yes, please describe (and attach any written documentation):

Has the employee missed any work previously due to similar industrial or
non -industrial conditions? If so, when? Yes No

What preventive action measures do you recommend? _____

Has the employee submitted medical documentation for the injury? Yes No
If so, please attach.

If known, please provide us with the name, address and telephone number
of the attending physician:

Has the employee returned to work? Yes No
Last day worked _____ Returned to work _____

If not, what is the current estimated date of return? _____

With the information you have, would you recommend the claim be accepted? Yes No
If no, why? _____

Employer's signature

Title

Date

**PLEASE ATTACH COMPLETED INCIDENT REPORTS, WITNESS STATEMENTS AND ANY ACCUMULATED
MEDICAL BILLS AND INFORMATION. ADDITIONAL COMMENTS MAY BE NOTED ON THE REVERSE SIDE.**