

City of Eagan Supervisor's Report of Injury

Name of employee: _____

Date of injury: _____ Time of injury: _____ Employee's job title on date of injury: _____

Hours per week: _____ Days per week: _____

Employment status: FT/PT _____ PT recurring _____ Temp _____ Seasonal _____ Volunteer _____

Was this the employee's regular shift? _____ Date hired: _____ How long on present job? _____

Body part injured and type of injury: _____

Did injury occur on employer's premises? Yes _____ No _____ If no, provide exact location of injury:

What was the employee doing at the time of injury? (Be specific: pounds being lifted, type of machinery in use, etc.)

How did the incident occur? What external factors or unusual circumstances may have contributed to the incident?

Were there others involved that caused the incident or contributed to the incident?

Was this part of the employee's regular job duties? _____ If not, explain: _____

List equipment used and how did the use impact the injury? Was there vehicle/equipment failure? If yes, describe.

Were proper safety precautions taken? _____ Names of witnesses: _____

Have you gone over details of the incident with the employee: _____ With the witness? _____

Is your investigation completed? _____ If not, when will you submit a final report? _____

Has the employee had a previous worker's comp injury or similar injury? _____ If yes, explain: _____

What measures can be taken to avoid a recurrence? _____

Estimated return-to-work date: _____ Estimated number of days on restricted work duty: _____

Supervisor's signature: _____

Date: _____