**City of Richmond Virginia**

# SUPERIVSOR'S INVESTIGATION AND REPORT OF EMPLOYEE INJURY

**This Report Must Accompany the OSHA Report**

| Date of Accident | Time | Date Reported | Time Reported | Case Number |
|---|---|---|---|---|
| | | | | |

| Employee's Name | | Position Title | | Dept./Div./Bureau | |
|---|---|---|---|---|---|
| | | | | | |

| Exact Location of Accident | **Supervision at Time of Accident** | ☐ Directly Supervised<br>☐ Indirectly Supervised<br>☐ Supervision Not Feasible<br>☐ Not Supervised |
|---|---|---|
| Supervisor at time of Accident | | |

| **Test and Activity at Time of Accident** | General Work Being Done | | | |
|---|---|---|---|---|
| | Employee's Specific Activity | | | |
| | **Employee Was Working** | ☐ Alone | ☐ With Crew"" | ☐ With One Other Employee ☐ Other |

| **FirstAid Given** | ☐ Yes<br>☐ No | By Whom? | **Sent to Hospital?** | ☐ Yes<br>☐ No | **Ambulance Required?** | ☐ Yes<br>☐ No |
|---|---|---|---|---|---|---|

Brief Description of Injury

| **Primary Cause of Accident** | ☐ Unsafe Condition<br>☐ Unsafe Act | Brief Description of Primary Cause |
|---|---|---|

| **Briefly Describe the Sequence of Events Leading to the Injury.** | Activity Immediately Before Accident |
|---|---|
| | How Accident Happened |
| | How Did Injury Occur? |

Recommend Corrective Actions to Prevent Similar Accidents and/or Injuries

Additional Comments

| **Type of Treatment Required** | **Outcome of Injury** | **Safety Officer Notified?** ☐ Yes ☐ No |
|---|---|---|
| ☐ None<br>☐ First Aid Only<br>☐ Emergency Room Only<br>☐ Physician Follow-up<br>☐ Admitted to Hospital | ☐ Remained on Duty<br>☐ Returned to Duty following Treatment<br>☐ Off Duty-Remainder of Day Only<br>☐ Off Duty-Unknown Duration<br>☐ Restricted Duty<br>☐ Fatality | Date:<br>Time: |

**Supervisor Signature:** _____ **Date:** _____