**Supervisor Statement**

**Employee Injury and Illness Report**

**Injury Report** must be received in the **Office of Human Resources** within ONE Business Day

<table>
<thead>
<tr>
<th>Name of Injured Employee:</th>
<th>Date of Incident:</th>
</tr>
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<tbody>
<tr>
<td>Name of Supervisor:</td>
<td>Time of Incident:</td>
</tr>
<tr>
<td></td>
<td>AM    PM</td>
</tr>
</tbody>
</table>

List the reported nature and reported cause of the incident:

Did you personally witness this incident?  Yes  No  Do you agree with the employee's description of the incident?  Yes  No  If no, please explain in section 8. below.

**Answer the following questions in relation to the cause of the incident.**

1. Was the employee using approved methods in performing a duty at the time of the injury?  Yes  No  Not Observed
2. Was the employee required to wear safety equipment?  Yes  No
3. Was the employee using safety equipment?  Yes  No  Not Observed
4. If equipment was involved, was the employee trained in use of equipment and/or procedures related to job functions?  Yes  No
5. Was the equipment faulty?  Yes  No
6. Did you believe the employee committed an unsafe act?  Yes  No  Do Not Know
7. Was any immediate corrective action taken?  Yes  No  If yes, what?

8. Please give a detailed description as to your understanding of the facts surrounding incident:

9. List the actions recommended or implemented to prevent recurrence of this incident.

<table>
<thead>
<tr>
<th>Date Incident Reported to Supervisor</th>
<th>Date Report Completed by Supervisor</th>
</tr>
</thead>
</table>

Review the signature statement below then sign and date the form.

The completed form can be scanned and emailed to: aharris1@udayton.edu, jduwell@udayton.edu and kcleaver1@udayton.edu; or, mail the form to Human Resources - St. Mary's Hall - Room 315, +1649; Attn: Anita Harris.

I certify that all information on this form and any accompanying documentation is true and complete.

**Supervisor's Signature**  **Date Signed**