

**Town of Manchester, Connecticut**  
**Supervisor's Report of Accident/Injury/Illness**

Please complete **BOTH** sides of this form in pen for any work related accident/injury/illness and send the original to Jan Devendorf in Human Resources. Report claim electronically at **www.netclaim.net**.

**INJURED EMPLOYEE'S INFORMATION**

Department: \_\_\_\_\_ Employee's Job Title: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Employee status: ft \_\_\_\_ pt \_\_\_\_

Employee's Telephone Number- Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Gender: Male: \_\_\_\_ Female: \_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**ACCIDENT/INJURY INFORMATION**

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ a.m./p.m.

What part of the employee workday? \_\_\_\_ performing normal work activities  
\_\_\_\_ entering or leaving work \_\_\_\_ working overtime \_\_\_\_ other (list) \_\_\_\_\_

Date Reported to Supervisor: \_\_\_\_\_ Time Reported to Supervisor: \_\_\_\_\_

Location (address) where accident/injury/exposure occurred: \_\_\_\_\_

Body part affected/injured: \_\_\_\_\_

Description of Accident/Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check one:

\_\_\_\_\_ Incident only, no medical attention

\_\_\_\_\_ Medical attention, no lost time

\_\_\_\_\_ Medical attention and lost work time

Did employee refuse medical treatment? yes \_\_\_\_\_ no \_\_\_\_\_

If treatment was given away from worksite, where? \_\_\_\_\_

Witness to accident: \_\_\_\_\_

Witness statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER**

## Supervisor's Review of Incident

Please check any of the following which may have contributed to the accident/injury/illness. You may also write in more information on the "other" line:

<input type="checkbox"/> Improper lifting technique	<input type="checkbox"/> Improper maintenance	<input type="checkbox"/> Did not follow proper procedure
<input type="checkbox"/> Improper body mechanics	<input type="checkbox"/> Improper protective equipment	<input type="checkbox"/> Unsafe personal space/proximity to equipment
<input type="checkbox"/> Using equipment in unsafe way	<input type="checkbox"/> Unsafe equipment	<input type="checkbox"/> Working/walking on uneven surface
<input type="checkbox"/> Improper clothing	<input type="checkbox"/> Lack of training or skill	<input type="checkbox"/> Unsafe position
<input type="checkbox"/> Failure to use PPE	<input type="checkbox"/> Failure to follow instruction	<input type="checkbox"/> Failure to use seatbelt
<input type="checkbox"/> Operating at unsafe speed	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Other _____

Based on this incident is there a hazardous condition or unsafe process that should be addressed or corrected? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, what steps will be taken to correct?

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

Please state what was discussed with employee to help prevent this type of accident/ injury from recurring:

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

Please indicate employee's comments or suggestions to prevent this incident from occurring again:

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

Did employee report the accident/injury/illness to a supervisor within 24 hours of occurrence?

Yes \_\_\_\_\_ No \_\_\_\_\_

My supervisor and I have reviewed and discussed the above accident/injury/illness.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

I have reviewed the incident with my employee.

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor Phone Number

\_\_\_\_\_  
Date

Reviewed by (Dept./Div. Head): \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Reported to CIRMA: \_\_\_\_\_ By: \_\_\_\_\_

Date

Time

Supervisor

Please report electronically at [www.netclaim.net](http://www.netclaim.net). If you have trouble with logging in you may call

1-800-OK-CIRMA (1-800-652-4762)

Reference # \_\_\_\_\_