ANTELOPE VALLEY COLLEGE

HUMAN RESOURCES & EMPLOYEE RELATIONS

Supervisor's Report of Injury Employee

Please Print

Employee Name:_____ Department:_____

Job Title :_____ Date of Injury:____/___/_____

Time of Injury:_____ a.m. p.m. On premises? Yes____ / No_____

Time employee began work on the day of the accident?_____ a.m. p.m.

What is employee's regular work schedule? (circle) M T W TH F Hours work per day?_____

Hours work per week?_____ Did supervisor witness the accident? Yes_____ / No_____

Name(s) of witnesses:_____

Location where accident occurred (if different than AVC, provide name of location & address:) _____

_____

Description of how accident occurred: _____

_____

_____

Part of body affected (i.e. back, left wrist, right eye, etc.):_____

_____

Did employee go to the doctor? Y / N Did an unsafe condition contribute to the accident: Y / N

Did the employee commit an unsafe act? Y / N If yes, explain:_____

_____

_____

How could the accident have been prevented? _____

_____

_____

Supervisor: _____ Date:_____/___/_____

Title: _____

Additional comments: