

The supervisor is responsible for conducting an investigation of the injury/illness. This form should be completed to help assist with the investigation. The completed form should be submitted to Human Resources. Contact the Safety Office at ext. 7786 if you need assistance or advice regarding your investigation. If the injury involved a trip, slip, or fall, contact the Safety Office and request a photograph of the accident site. They may ask to see exactly where the accident occurred.

I - Report Information

Employee Name: _____ Radford ID Number: _____

Employee Title: _____ Department: _____

Date of Report: _____ Date & Time of Incident: _____

Supervisor Name (completing this report): _____

II - Employee's Description of Incident

Complete this section with the employee, as soon as possible after the incident is reported. Additional pages can be attached.

Describe what happened: _____

Describe your injury: _____

Where did the incident happen? _____

What do you believe caused the incident to happen? _____

What do you believe could have prevented the incident? _____

Who saw the incident happen? _____

Any additional comments? _____

Employee Certification: Th H statements provided above are true and accurate W R W K best of my knowledge.

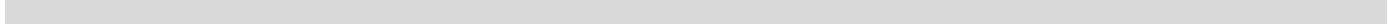
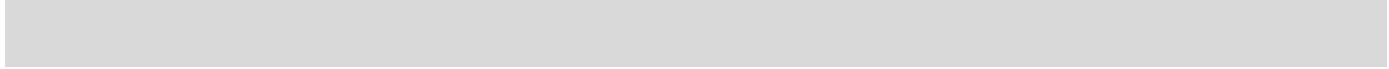
Employee Signature: _____ Date: _____

III - Supervisor Comments

What actions have been taken to prevent reoccurrence? _____

Any additional comments? _____

Supervisor Signature: _____ Date: _____



Date:

