

City of Hammond
Office of Human Resources

Supervisor Accident or Injury Report (Use an extra sheet of paper to explain caused the accident)

Claimant / Employee Name:			
Home Address and Zip:		Home Phone #: ()	
Date of Accident/Injury:	Time:	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
Date Employer knew of Accident/Injury:	Time:	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
Back to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Back to Work: / /			
What factors contributed to this accident? _____ _____ _____			
What were your findings following investigation of the accident or injury? (Please indicate if there was any prior knowledge and/or outstanding work orders.) _____ _____ _____			
Were all polices and procedures followed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ _____			
What corrective action was taken? _____ _____			
If employee related, list any training related to this accident/injury completed by the injured employee. _____ _____			
Training / Date		Training / Date	
If needed, what follow-up training was conducted? _____ _____			
Training / Date		Training / Date	
Supervisor Signature:		Date:	
Department Head Signature:		Date:	