

CITY OF MILPITAS

SUPERVISOR'S REPORT OF EMPLOYEE INJURY

Employee Name _____ Department _____
Position _____ Date of Injury _____
Witnesses _____ Time of Injury _____
_____ Date Reported _____

Part of Body _____

Was medical treatment required? Yes [] No []

Name/Location of Physician _____

Did the employee return to work? Yes [] No [] Date last worked _____ Still Off? _____

1. What job was employee doing when injury occurred?

2. Where did injury occur?

3. Describe accident and nature of injury?

4. What unsafe act(s) and/or condition(s) caused the accident?
[] Excessive or improper lifting [] Congested work area
[] Unsafe clothing or footwear [] Unauthorized activity
[] Unsafe floor or stair condition [] Override of safety device
[] Safety procedure not followed [] Unsafe driving
[] Unstable piling or stacking [] Improper use of equipment
[] Unpreventable [] Other _____

5. What can be done to prevent similar accident?

Supervisor Name _____ Date _____

Send to: Human Resources
Keep a copy for your records.