

SUPERVISOR'S REPORT OF ACCIDENT

Please PRINT

Employee's name: _____ Department _____

Position: _____ Supervisor's name: _____

Date and time of accident: _____ Location: _____

Injury _____ Exposure _____ Illness _____

Describe in detail what happened and what part of the body was injured: _____

Date and time accident was reported to supervisor: _____

Name(s) of witness(es): _____

Was medical treatment required? Yes No

If yes, where? _____

What could have been done to prevent this accident? _____

Signature of Supervisor: _____ Date: _____

(Please contact Nicholle Felshaw ext. 2055 as well as e-mail to Sarah Lloyd: sarah.lloyd@washco.utah.gov)