# Supervisor's Report of Incident

Please complete and return to WSU EH&S office, Dept. 2621
Reports should be turned in within 24 hours of the incident.

## Injured Person's Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>W#:</th>
</tr>
</thead>
</table>

### Status: (Check one)
- ☐ Employee ➔ Supervisor: 
- ☐ Student ☐ Visitor 

### Job Position/Title:

## Incident Information  (To be completed for ALL incidents)

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Incident Location:</th>
</tr>
</thead>
</table>

### Time of Incident:

### Task being performed when incident occurred:

## Incident Results:

<table>
<thead>
<tr>
<th>☐ Injury</th>
<th>☐ Fatality</th>
<th>☐ Property Damage</th>
<th>☐ Near-Miss</th>
<th>Number of Workdays Lost:</th>
</tr>
</thead>
</table>

### Witness' Name(s): (Include phone numbers if available)

### Describe how the incident occurred:

### What actions, events, or conditions contributed most to this incident?

### Was safety equipment provided?  ☐ Yes  ☐ No  If Yes, was it used?  ☐ Yes  ☐ No  

(Please describe)

### What can be done to prevent future incidents of this type?

## Injury Information  (To be completed for ALL incidents resulting in injury)

### Medical Treatment:
- ☐ First aid administered at workplace  ☐ Medical Treatment Required

### Are there any doubts or concerns that this injury is not work-related?
- ☐ No  ☐ Yes  

(If yes, please contact EH&S WCF Claim Coordinator at ext. 7077)

## Signature Section  (To be completed for ALL incidents)

<table>
<thead>
<tr>
<th>Signature of Supervisor:</th>
<th>Date:</th>
</tr>
</thead>
</table>