



YOUTH/ADULT WORK EXPERIENCE
SUPERVISOR'S INVESTIGATION OF INJURY/ ILLNESS or INCIDENT

Supervisor Name: _____ Department: _____

Injured Participant's Name: _____

Client Company Name: _____

Date of Injury: _____ Time: _____

Time Participant Began Work: _____ Participant's Usual Work Days: S- M- T- W- TH- F- S

Date Participant Reported incident: _____ Reported to Who: _____

Did You see the incident occur: YES- NO

Where did the incident occur? (Be Specific) _____

Was the Participant on Company Time? YES-NO

How Did the incident occur? *(Please give detailed description of incident, what you saw or what you were told, specific activity of the employee)*

What specific Body part or parts were injured? _____

What Action was taken? *(First Aid, 911, Clinic)* _____

Did the injured participant continue working? YES- NO Were Other participants injured? YES – NO

Other Injured Participant's Names: _____

Witness Names: _____

Have you heard the employee talk about similar incidents? YES – NO

Were there any unsafe conditions contributing to incident?

How can this be prevented in the future?

Do you question the validity of the claim? YES -NO, If Yes Why? _____

Was any corrective action taken as a result of this incident: YES- NO, If YES Why?

Date of Corrective Action: _____ Type of Action: _____

