MIIA

Town of Walpole

SUPERVISOR'S REPORT OF ACCIDENT - INTAKE FORM

EMPLOYEE NAME:	SOCIAL SECURITY #:	**DATE OF INJURY:**	LOCATION ACCIDENT OCCURRED:
DESCRIPTION OF INJURY:			

HOME ADDRESS:	TOWN/STATE:	ZIP CODE:	TELE #:	# DEPENDENTS:	DATE OF HIRE:

MARITAL STATUS:	SEX (M or F)	DATE OF BIRTH:	OCCUPATION:	DEPARTMENT/SCHOOL:	WORK TELEPHONE

WITNESS:	WITNESS ADDRESS/TELEPHONE #;	AVERAGE WEEKLY WAGE

TO WHOM WAS INJURY REPORTED T	THEIR POSITION	DID EMPLOYEE LOSE TIME FROM WORK?	WAS MEDICAL TREATMENT SOUGHT?

MEDICAL FACILITY/DOCTOR:	**DATE REPORTED AS WORK RELATED**	**BODY PART:**	**INJURY:**	**RETURN TO WORK DATE:**

******Supervisor Must Complete Below******

DESCRIPTION OF ACCIDENT; WHAT WAS EMPLOYEE DOING? WHAT HAPPENED? WHY?

CAUSE-UNSAFE ACT OR CONDITION; OBJECT/SUBSTANCE CAUSING INJURY

WAS EMPLOYEE WEARING SAFETY GEAR?
YES/NO (If no, explain) _____

ACTION TAKEN TO PREVENT SIMILAR ACCIDENTS:

REMARKS: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____

☐ Supervisor

☐ School Nurse