



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

Client's Name: _____

Assignment: _____ Supervisor's Name: _____

Supervisor's #: _____ Email: _____

Did You see the incident occur: YES - NO Date of Injury: _____ Time: _____

Injured Participant's Name: _____

Time Participant Began Work: _____ Usual Work Days: S - M - T - W - TH - F - S

Date Participant Reported incident: _____ Reported to Who: _____

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 employees injured? YES - NO

Other Injured Participants 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: _____



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Additional Information Narrative (Any additional comments, concerns or important information that you have regarding the incident in question):

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Supervisor Signature

DATE _____

Supervisor Printed Name