# CITY OF SAINT PAUL

## SUPERVISOR'S SAFETY REPORT — INJURY OR AGGRAVATION

**THIS FORM MUST BE COMPLETED by the supervisor for each work-related injury or aggravation within 24 hours.**

**DEPARTMENT**_____ **DIVISION**_____ **ACTIVITY CODE**_____

1 Name of injured employee_____

2 Date of Injury_____ Was time lost from work? ☐ Yes ☐ No

3 Was site of injury visited? ☐ Yes ☐ No Date of site visit_____

4 What can be done to prevent a similar occurrence?_____

5 Was any corrective action taken? ☐ No ☐ Yes--Describe_____

6 Did another person, tools, or equipment contribute to this injury? ☐ No ☐ Yes--Identify and describe how_____

7 Was safety equipment available? ☐ No ☐ Yes ☐ Does not apply

8 Was safety equipment in use? ☐ No ☐ Yes ☐ Does not apply

9 At the time of the injury, how many hours had the employee been working?_____

10 If injury occurred outdoors, describe the weather conditions at the time_____

**YOUR ROLE IN A SPEEDY RETURN-TO-WORK IS OF UTMOST IMPORTANCE. IF ABSENCE FROM WORK EXCEEDS THREE CALENDAR DAYS, PERSONAL CONTACT IS WARRANTED.**

A. Ask about recovery status and progress.
B. Is employee satisfied with medical care to date?
C. Does employee have any questions?
D. What is estimated return-to-work date?
E. Assure employee that his/her job is not in jeopardy because of injury, and that you and co-workers are anxious for employee's return-to-work. Find out if light-duty will speed return-to-work.
F. Discuss other pertinent issues and questions.

**Follow-up calls should take place every week until return-to-work.**

Information obtained from employees should be shared with departmental Workers' Compensation liaison and the City's Workers' Compensation staff at (651) 266-6500.

If you or the employee have any questions, please call the Workers' Compensation staff at (651) 266-6500.

11 Any additional information regarding the case_____

Supervisor's Name_____ Supervisor's Phone_____

Supervisor's Signature_____ Date_____

WHITE--Workers' Compensation Administrator YELLOW--Department PINK--Supervisor