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

Date of hire: _____ Time employee started work _____ COSP Employee Number _____

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

1. First Name _____ Middle Name or Initial _____ Last Name _____
2. Date of Injury _____ Time of Injury _____
3. Type of Claim ☐ No Injury/Illness   ☐ First Aid Treatment Only   ☐ Injury   ☐ Illness
4. Attachments ☐ Photos   ☐ Diagrams   ☐ Statements   ☐ Supporting Documents
5. Type of Incident:
   - ☐ Assault/Violent Act by Person   ☐ Slip/Fall   ☐ Repetitive Motion
   - ☐ Caught in Equipment or Object   ☐ Struck Against Object   ☐ Electrical Exposure
   - ☐ Fire/Explosion   ☐ Struck by Object   ☐ Exposure to Harmful Substance
   - ☐ Overexertion/Sprain/Strain   ☐ Transportation Accident ☐ Patient Lifting
   - ☐ Other (Explain) _____
6. Location of incident _____
7. Was incident on city property? ☐ Yes ☐ No
8. Was site of injury visited? ☐ Yes ☐ No   Date of site visit _____
9. Contributing Work Activity or Procedure:
   - ☐ Operating without authority   ☐ Nullifying safety devices   ☐ Failed to follow rules/procedures
   - ☐ Failure to make secure/shutdown   ☐ Using equipment unsafely   ☐ Taking shortcuts
   - ☐ Working/moving at unsafe speed   ☐ Using unsafe equipment   ☐ Horseplay
   - ☐ Failure to warn/signal   ☐ Taking unsafe position/posture ☐ Failure to use PPE available
   - ☐ Failure to cleanup/pickup   ☐ Failure to ask for assistance ☐ Other (Explain) _____
10. Root Cause(s) of Incident: (events leading to the incident)_____
    _____
    _____
11. What can be done to prevent similar occurrence? _____
    _____
12. Did another person, tools, or equipment contribute to this injury?   ☐ No   ☐ Yes- -Identify and describe how _____
    _____
    _____
13. If injury occurred outdoors, describe the weather conditions _____
    _____
14. Environmental Conditions:
    - ☐ Inadequate Guards or Safety Devices   ☐ Poor Housekeeping   ☐ Defective Equipment, Tools, Etc.
    - ☐ Inadequate Warning Devices   ☐ Projection Hazards   ☐ Hazardous Chemical Conditions
    - ☐ Fire/Explosion Hazards   ☐ Congestion, Close Clearance   ☐ Noise
    - ☐ Unexpected Movement Hazards   ☐ Hazardous Placement/Storage   ☐ Inadequate Illumination
    - ☐ Weather Related   ☐ Hazardous Personal Attire   ☐ Other (Explain)_____
15. Was or can any corrective action taken?   ☐ No   ☐ Yes—Describe_____
    _____
    _____
    _____
16. Any additional information regarding the case _____
    _____
    _____

Supervisor's Name (Print) _____ Supervisor's Phone _____

Supervisor's Signature _____ Date _____