

SUPERVISOR'S INJURY/ILLNESS ANALYSIS AND PREVENTION REPORT

Florida Atlantic University
Environmental Health & Safety
777 Glades Road
Campus Operations Bldg.
Boca Raton, FL 33431
ehs-sup-rpt (10/02)

INSTRUCTIONS:

1. Complete this report within 24 hours of being notified of a work-related injury or illness.
2. If you were not present at the time of injury, interview the employee.
3. Send the completed and signed report to EH&S (hand carry or fax to 297-2210)

Employee Name: <input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title:	
Date & Time of Injury/Illness (circle one) A.M. P.M.		Date of Birth:	Date of Hire:
Date Injury/Illness Reported to Supervisor		Witnesses: (names, addresses, phone numbers)	
Location Where Injury/Illness Occurred:		Injury/Illness Descriptions: Describe how the Injury/Illness occurred - including the action, occurrence or event that caused the Injury/Illness. Does this agree with the employee's account of the Injury/Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please explain. Describe the injury/illness the employee sustained. Has the employee ever reported any previous physical condition(s) associated with work or non-work activities (i.e. second job, sports, etc.) that could be related to or aggravated by this injury / illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain.	
Injury/Illness Factors: (check all that apply and explain below) Was the injury/illness due to <input type="checkbox"/> an unsafe act <input type="checkbox"/> unsafe condition, or <input type="checkbox"/> both?			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Slippery/Uneven Surface</div> <div style="width: 33%;"><input type="checkbox"/> Defective Tool, Equipment or Machinery</div> <div style="width: 33%;"><input type="checkbox"/> Inattention</div> <div style="width: 33%;"><input type="checkbox"/> Trip Hazard</div> <div style="width: 33%;"><input type="checkbox"/> Use of Wrong Tool, Equipment or Machinery</div> <div style="width: 33%;"><input type="checkbox"/> Weather Conditions</div> <div style="width: 33%;"><input type="checkbox"/> Lifting/Material Handling</div> <div style="width: 33%;"><input type="checkbox"/> Failure to Use Personal Protective Equipment (PPE)</div> <div style="width: 33%;"><input type="checkbox"/> Temperature</div> <div style="width: 33%;"><input type="checkbox"/> Repetitive Activities</div> <div style="width: 33%;"><input type="checkbox"/> Failure to Follow Proper Procedures</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> <div style="width: 33%;"><input type="checkbox"/> Chemical Exposure</div> <div style="width: 33%;"><input type="checkbox"/> Lack of (or improper) Training</div> </div>			
Explanations:			
Corrective Actions: Has the employee received prior training in how to properly perform the task in which s/he was injured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "Yes," date training was provided _____. Is training or retraining recommended to correct unsafe behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "Yes," type of training scheduled _____ and date training scheduled _____. Does the affected employee have any recommendations to prevent this injury/illness from recurring? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain. _____ Does the supervisor agree with this recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No List corrective actions taken by supervisor to prevent this injury/illness from recurring. 			
My signature indicates that I have reviewed this report and any necessary corrective actions with the employee. Supervisor's Signature:			Date
Supervisor's Printed Name		Title	Phone # ()