

Employee: \_\_\_\_\_ Craft: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Date / Time: \_\_\_\_\_ / \_\_\_\_\_  
Work Area: \_\_\_\_\_

☐ STF ☐ SUP ☐ FMN  
☐ APP ☐ JNY ☐ OTH

## Details

What was the employees work assignment? (Location, activities, tools in use, etc.)

What factors may have contributed to the event? (*unexpected* actions/conditions)

Unsafe Action ☐ Unsafe Condition ☐ Could be both, explain completely, use back

What could be done to prevent future events like this? (*Proactive* suggestions.)

Did you witness the injury?

☐ Yes ☐ No

Do you question the validity of the injury?

☐ Yes ☐ No

*Provide any additional details on the back of this form or on an attached sheet of paper.*

**Statement:** I certify that the above facts are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date of Report