



# BURNT MOUNTAIN SERVICES, LLC

## Supervisor's Incident Report

**Instructions:** Supervisors shall use this form to report all work-related injuries, incidents, or “near miss” events – *no matter how minor*. This form shall be completed by supervisors as soon as possible and given to management for further action.

Reporting a work related:		<input type="checkbox"/> Injury	<input type="checkbox"/> Incident	<input type="checkbox"/> Near miss
Your Name:				
Job Title:				
Employee's Name:				
Job Title:				
Have you informed management about this injury/incident/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of injury/incident/near miss:			Time of injury/incident/near miss:	
Names of witnesses (if any):				
Where, exactly, did it happen?				
What was the employee doing at the time?				
Describe step by step what led to the injury/incident/near miss. (continue on the back if necessary):				
What could have been done to prevent this injury/incident/near miss?				
What parts of the body were injured?				
Did you see a doctor for an injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, whom did you see?			Doctor's phone number:	
Date:			Time:	
Has this part of their body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when?			Supervisor:	
Supervisors' signature:			Date:	