



# 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:	