Supervisor's Injury/Illness Report

Department of Environmental Health & Safety
Email *ehs@usf.edu*/ Fax (813)974-7535/ Phone *(813)974-5775* / OPM100

THE SUPERVISOR MUST FOLLOW THESE INSTRUCTIONS:

1. **REPORT THE INJURY/ILLNESS (WITH EMPLOYEE, IF POSSIBLE) TO AMERISYS @ 1-800-455-2079**
2. **INVESTIGATE THE INCIDENT AND COMPLETE THIS REPORT WITHIN 24 HOURS OF THE INCIDENT**
3. **SEND REPORT TO WORKERS' COMPENSATION ADMINISTRATOR VIA EMAIL AT: EHS@USF.EDU**

Date of Injury/Illness		Time of injury/illness		AM ☐ PM ☐
Employee Name	Date of Birth		GEMS ID Number	
Street Address	City		State/Zip	
Job Title	Department	☐ Male ☐ Female	Date of Hire	
Work Telephone ( )	Home Telephone ( )	Mail Stop	Work Shift ☐ 1st ☐ 2nd ☐ 3rd	
Date injury/illness first reported to supervisor		Time injury/illness first reported to supervisor		AM ☐ PM ☐
Exact location where injury/illness took place? (Campus, building name, room, inside, outside, vehicle, parking lot, etc.)				
Witnesses: (names, telephone numbers, emails)				
Describe, in detail, what happened to cause the injury/illness (including objects or substances that caused harm):				
Describe the injury and the part of body injured, or if an illness, the type of illness: *(Specify right, left, upper, middle, lower, etc. where appropriate)*				

Did the employee require			Name and Address of Medical Treatment Provider/Hospital
• First aid only	☐ Yes	☐ No	
• Medical treatment	☐ Yes	☐ No	
• Transportation to Emergency Room	☐ Yes	☐ No	
If "Yes", how? ☐ Ambulance ☐ Taxi ☐ Personal ☐ Other: _____			
• Admission to hospital	☐ Yes	☐ No	
Did the employee			
• Lose time from work	☐ Yes	☐ No	
• Lose consciousness - how long? : _____	☐ Yes	☐ No	
• Suffer fatal injuries	☐ Yes	☐ No	

Did any USF personnel provide first aid or medical treatment? If "Yes", were any USF first aid/medical providers exposed to Blood or Other Potentially Infectious Materials?	☐ Yes ☐ Yes	☐ No ☐ No	Names and contact information for USF personnel exposed to Blood or Other Potentially Infectious Materials:

Injury/Illness Factors: (check **all** that apply and explain below)
Was the injury/illness due to ☐ an unsafe act/behavior ☐ missing/inadequate policy/procedure, or ☐ both?

☐ Slippery/Uneven Surface	☐ Defective Tool, Equipment or Machinery	☐ Inattention
☐ Trip Hazard	☐ Use of Wrong Tool, Equipment or Machinery	☐ Weather Conditions
☐ Lifting/Material Handling	☐ Failure to Use Personal Protective Equipment (PPE)	☐ Temperature
☐ Repetitive Activities	☐ Failure to Follow Proper Procedures	☐ Other
☐ Chemical Exposure	☐ Lack of (or improper) Training	

Explanations:

Corrective Actions:
Has the employee received prior training to perform the task(s) involved properly and safely? ☐ Yes ☐ No ☐ N/A
If "Yes", date training was provided: _____

Is training or retraining recommended to prevent recurrence of injury/illness? ☐ Yes ☐ No ☐ 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? ☐ Yes ☐ No
If "Yes", explain: _____
Does the supervisor agree with this recommendation? ☐ Yes ☐ No

List corrective actions taken/to be taken by supervisor to prevent this injury/illness from recurring.

I certify that I have conducted an investigation to determine the circumstances surrounding this injury/illness, and I certify that I will take, or have already taken, measures to reduce the likelihood of such an injury/illness recurring.

Supervisor's Name & Title (Printed)	Supervisor's Signature	Date
Supervisor's Telephone Number	Supervisor's Email Address	GEMS ID Number

Notice to Employee: I affirm with my signature below that I have reviewed, understand, and acknowledge the above statements are true. In addition, I am aware that any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in Sections 817.234 and 440.105(7), Florida Statutes.

Employee's Signature	Employee's Telephone Number	Date