



**Incident Reporting:
Supervisor's Report of Injury Form**

Bannock County
624 E Center Street
Pocatello, ID 83201

Human Resources and Risk Management

Instructions: Supervisors shall use this form to report all work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed as soon as possible and submitted to Human Resources for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss	
Your name:	
Job title:	
Name of injured person:	
Date of injury/near miss:	Time of injury/near miss:
Where, exactly did it happen?	
Describe the nature of the injury including body parts injured:	
Did the employee see a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what was the doctor's name?	What was the clinic or hospital's name:
Date of visit:	Time of visit:
Describe how the accident happened? What was the employee doing prior to the incident? What equipment, tools were being used?	
Were safety measures in place and used? If so, what went wrong?	
Recommended preventative action to take in future to prevent reoccurrence:	
Your signature:	Today's Date: