



Department of Risk Management & Safety, University Services Annex Building 300A
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**SUPERVISOR'S REPORT OF EMPLOYEE INJURY/ILLNESS
 SEVEN (7) CALENDAR DAY DEADLINE TO FILE**

Contact: Belen Aranda **Phone:** (520) 621-3626 **Email:** baa@email.arizona.edu **Fax:** (520) 626-0254

EMPLOYEE INFORMATION

INJURED/ILL EMPLOYEE INFORMATION	WORK INFORMATION
*Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Job Title _____
*Marital Status (S M D W) _____ *# of dependants _____	Date of hire _____ Normal work shift _____
*EID # _____ *DOB _____	Department _____
*Home Phone _____ Cell Phone _____	Campus Address _____
*Home Address _____	Dept. # _____ Work Phone _____
*City _____ *State _____ *Zip _____	Department Contact _____
*Email Address _____	Payroll Contact/Phone _____ / _____

INJURY OR ILLNESS INFORMATION

*Date of injury/illness _____ *Time _____ *Nature of injury/illness _____ *Area of body affected _____

*Location _____ *room#/shop# _____ *What Caused injury/illness _____

If off campus, give address _____

*HOW DOES THE EMPLOYEE EXPLAIN INJURY OR ILLNESS _____

Did anyone see employee get injured? No Yes Name of witness: _____

Did the employee need medical treatment? No Yes Location of treatment: _____

Name and address of treatment facility from the location chosen above: _____

SUPERVISOR'S INFORMATION

*Name/Title of supervisor _____ *Phone number _____

*Email address of supervisor _____

Date supervisor notified of injury/illness _____ Did injury result in time lost from work? Yes No

Did the task resulting in injury require personal protective equipment (PPE)? Yes No Was it being worn? Yes No

If PPE required and not worn, Explain _____

Do you have any reason to believe injury/illness may not have occurred on the job? Yes No State your concerns: _____

What Supervisory actions will be taken to prevent recurrence? _____

***Required fields**

*Signature of Supervisor _____ *Date _____

NOTE: FORM MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED!

Print and sign completed form and fax to 626-0254.