

Konrad Construction Company, INC
5701 Weatherstone Way, Johnsburg, IL 6001
Supervisors Report of Employee Injury

Location of accident & Job #: _____

Zip Code of Accident Area: _____

Date of Accident: _____

Time of Accident: _____

County: _____

Date employer notified of Injury: _____

Description of the incident, body part injured, and Root Cause:

What activity was being performed prior to and at the time of the accident?

What materials, equipment, or conditions were involved?

What unsafe conditions and/or unsafe acts contributed to the accident?

Corrective Action: List the actions taken to prevent a re-occurrence of this accident:

- ❖ *Were authorities' contacted (police, fire, ambulance?)* **NO** **YES**
- ❖ *Was a report number given?* **NO** **YES (if yes) Report number:** _____
- ❖ *Were safeguards provided?* **NO** **YES**
- ❖ *Were they in use?* **NO** **YES** *OSHA number in event of fatality?* _____

Claimant Information

- ❖ Social Security Number: _____
- ❖ Name of Injured Party: _____
- ❖ Home Phone: _____
- ❖ Work Phone: _____

- ❖ Address w/zip code: _____
- ❖ Male Female
- ❖ Marital Status: _____
- ❖ Date of Birth: _____
- ❖ Dependents: _____
- ❖ Name and phone # of Reporting person: _____

Employment Information

- ❖ Occupation: _____
- ❖ Full-time, temporary, contract, on-call: _____
- ❖ Date of Hire: _____
- ❖ Hours worked per week: _____
- ❖ Days worked per week: _____
- ❖ Supervisor cell phone number: _____
- ❖ Was this a lose time accident? **NO** **YES**
- ❖ Wage: \$_____ per hour

Injury Information

Treatment given? _____

No medical: _____

Minor on-site remedies? **NO** **YES**

Emergency evaluation? **NO** **YES**

Hospitalization for more than hours: **NO** **YES**

Name and address and phone of treating hospital/clinic and physician's name:

Witness Information

- ❖ Name, Address and Phone Number of witness(s) to the incident:

Additional Misc. Information:

When possible, take written statements from each witness. Have them sign and date each statement and **TAKE PHOTOS OF THE WORK AREA** and retain any broken tools such as ladders and scaffold parts which may have contributed.

Report By: _____ **Date of Report:** _____