BUD MAHAS
CONSTRUCTION INC

SUPERVISOR'S INCIDENT REPORT OF WORK-RELATED INJURY OR ILLNESS

EMPLOYEE

Location (print) _____ Phone Number _____

Employee Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Married: ☐Yes ☐No Sex: ☐Male ☐Female Age _____

Job being performed at time of injury _____

Description of Incident:

Warning: "Workers' Compensation Insurance fraud is a crime punishable by Utah law."

I certify that the above information is true to the best of my knowledge and I authorize the release to my employer their work compensation carrier all records relevant to my disability and my claim for disability or workers' compensation benefits, including but not limited to medical diagnosis, prognosis, treatment, and periods of hospitalization. I understand the Company will use the information to verify my disability and determine my eligibility of appropriate benefits. This authorization applies to physicians and other health care providers, hospitals and clinics, insurance companies and worker's compensation carriers, and organizations administering benefit programs. This authorization will remain in effect throughout my claim for workers' compensation benefits. A photo copy of this authorization will be as valid as the original.

Employee Signature _____ Date _____

SUPERVISOR

INCIDENT DETAILS

Date of Incident _____ Time of Incident _____ ☐AM ☐PM Date Reported _____ Time Shift Commenced _____

Incident Location (specific area) _____ on employer premises? ☐Yes ☐No

Witness(es) to Incident _____

Will Employee lose time due to the injury? ☐Yes ☐No First Aid Given? ☐Yes ☐No

Date worker left work _____ Time worker left work _____ Date worker returned to work _____

Complete of Applicable: Medical Facility _____ Doctor _____

Follow up appointment scheduled? ☐Yes ☐No

Was time off authorized by the physician? ☐Yes ☐No If yes, how many days? _____

Treatment given ☐Prescription ☐Irrigation ☐Sutures ☐Tetanus Shot
☐Brace ☐Cast ☐Removal of Foreign Object ☐None
☐Ace Bandage ☐Other _____

PART OF BODY INJURED – MARK ALL THAT APPLY

☐Head	☐Arm R - L	☐Trunk	☐Hip R - L	☐Foot R - L
☐Face	☐Elbow R - L	☐Shoulder R - L	☐Thigh R - L	☐Toe – Identify_____
☐Eye R - L	☐Forearm R - L	☐Chest	☐Knee R - L	☐Ribs R - L
☐Nose	☐Hand R - L	☐Back: Lower-Upper	☐Leg R - L	☐Skin
☐Neck	☐Finger – Identify_____	☐Abdomen	☐Ankle R - L	☐Other (describe)

NATURE OF INJURY – MARK ALL THAT APPLY

☐Abrasion	☐Puncture	☐Exposure-Chemical	☐Inhalation	☐Burn: Heat-Chemical
☐Bruise-Crushed	☐Fracture-Dislocation	☐Hearing Loss	☐Fatality	☐Other (describe)
☐Laceration-Cut	☐Poisoning-Systemic	☐Sprain	☐Exposure-Heat/Cold	
☐Amputation	☐Dermatitis	☐Strain	☐Foreign Object	

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SUPERVISOR

INVESTIGATION

Date of Investigation _____ Person(s) Making Investigation _____

Employee's Supervisor (print name) _____ Supervisor's Phone Number _____

Who was immediately in charge at the time of injury _____

Was Employee Task Trained? ☐Yes ☐No If Yes, explain _____

Were Safely Codes/Rules Violated? ☐Yes ☐No If Yes, explain _____

Equipment Involved: Type _____ Model No. _____ Manufacturer _____

CAUSE OF INJURY – MARK ALL THAT APPLY

☐Body Motions	☐Hot/Cold Temperatures	☐Flame/Fire/Smoke	☐Ladders	☐Slip/Trip/Fall
☐Bldg/Structures	☐Conveyers	☐Furniture/Fixtures	☐Machines-Misc	☐Flying Objects
☐Chemicals	☐Electrical - HV	☐Hand Tools - Non-Power	☐Noise	☐Flash
	☐Electrical - LV	☐Hand Tools - Power	☐Particles	☐Other
	☐Falling Objects	☐Hoisting Apparatus	☐Sharp Objects	
		☐Infectious Agents	☐Vehicles	

CAUSE OF INCIDENT – MARK ALL THAT APPLY

☐Equipment Failure	☐Improper Material Handling	☐Excessive Speed	☐Poor Housekeeping	☐Horseplay
☐Lack of Attention	☐Wet Slippery Uneven Surface	☐Procedure Failure	☐Fatigue	☐Other (explain)

ANALYSIS

Description of Incident

STEPS TAKEN TO PREVENT SIMILAR OCCURRENCE – MARK AND EXPLAIN ALL THAT APPLY

☐Reinstruction of Employee Involved
☐Reminder Instruction of all Employees
☐Personal Protective Equipment Required
☐Formal Disciplinary Action
☐Installation of Guard Device
☐Counseling of Employee

Supervisor Signature Date