



Palm Beach County Supervisor Incident Report

Occupational Health Clinic: 561-233-5450

For serious injuries or illnesses contact the Emergency Operations Center: 561-233-3500

Please type print clearly. This form must be filled out by the Immediate Supervisor for work related injuries or illnesses only

EMPLOYEE INFORMATION

Name: Job Title:

Department/Division: Immediate Supervisor:

Station and/or Shift: Immediate Supervisor's telephone number:

INCIDENT DETAIL

Date of Incident: Time: AM/PM Date incident reported to Immediate Supervisor:

Incident Location:

Briefly describe how the incident occurred:

Describe injury / illness & state part of body affected:

Did the employee seek medical treatment? Yes No If yes, what type/where? First Aid Occupational Health Clinic Other, please specify

INVESTIGATIVE DETAIL

WITNESSES:

1. NAME TELEPHONE NUMBER 2. NAME TELEPHONE NUMBER

Action needed to prevent recurrence

Was the employee using the appropriate personal protective equipment? Yes No Not Applicable

Was the employee following appropriate safety procedures? Yes No Not Applicable

Signed IMMEDIATE SUPERVISOR Date

Department/Division Head Review:

Signed DEPARTMENT/DIVISION HEAD Date

EMPLOYEE SIGNATURE: Date

Please separate and distribute copies as follows: White: Personnel Green: Loss Control Canary: Department Pink: Clinic Goldenrod.- Employee