



Anchorage School District
Educating All Students for Success in Life

ASD Workers' Comp. Supervisor's Supplemental Incident Report Form

EMPLOYEE INFORMATION	
1. Full Name:	2. Date of Injury:
3a. Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	3b. <input type="checkbox"/> Check here if time cannot be determined
4. Job Title:	
5. Assigned Work Location:	
6. Responsible/Supervising Department:	
SUPERVISOR'S SUMMARY OF INJURY INFORMATION	
7. What was the employee doing just before the incident occurred? (Describe the activity, as well as the tools, equipment or material being used. Be specific. Examples: "climbing a ladder while carrying roofing materials,"; "spraying acrylic paint from spray can"; "daily computer keyboarding"):	
8. What was the injury or illness. (Tell the part(s) of the body that were injured and how it/they were affected. Be more specific than "hurt", "sore", or "pain." Examples: "strained lower back", "chemical burn in right eye", "tendonitis right wrist."	
SUPERVISOR'S ANALYSIS AND PREVENTION	
9. What objects, substances or conditions directly harmed or contributed most directly to this incident?	
10. What action or actions has or will be taken to prevent this incident from happening again to this employee or any other?	
Supervisor's Name:	Supervisor's Title:
Supervisor Signature:	Date Signed:

ORIGINAL – RISK MANAGEMENT COPY – FACILITY/SCHOOL SAFETY COMMITTEE

ASD Supervisor's Supplemental Employee Report of Injury Form

Instructions

This form augments the Alaska Workers' Compensation First Report of Occupational Injury or Illness form with the *minimal* additional information required to complete the OSHA reporting and recordkeeping requirements. Therefore this form and the Alaska Workers' Compensation First Report of Occupational Injury or Illness must be submitted to Risk Management within 48 hours of the injury or illness.

1. Full Name of injured employee.
2. Date Injury.
3. Time of injury – If time known, fill in 3a; Check 3b only if you cannot estimate when the injury occurred.
4. Employee's job title.
5. What was the employee's assigned work location on the date of the incident?
6. What department is responsible for the day-to-day supervision of the employee?
Example: BPO at Kincaid is supervised by an Elementary Education principal.
7. Fill in as completely as possible a complete description of the task(s) the employee was performing at the time of the incident.
8. List all of the injuries and specific body parts affected; not just the primary injury.
9. List the objects, subjects or conditions that contributed to the direct harm of the employee. Example for a winter slip and fall: icy walkway, flat-soled shoe, carrying objects that hindered seeing the ground.
10. List what action(s) have been, or will be, taken to prevent another injury of the same type. Example for a winter slip and fall: Re-sanded the sidewalk, had the employee repeat the "Walkways and Working Surfaces" training, reminded the employee of the importance of wearing appropriate foot-wear.

Fill in your full name and title, sign and date the form and submit with the employee workers' compensation paperwork.

You may be asked to provide additional information and documentation after Risk Management receives and reviews the initial report of injury. Examples of possible additional information requirements include photographs of the scene before it was cleaned up, job hazard analysis or written procedures for the task the employee was performing, and witness statements.