NAS-017

SUPERVISOR'S REPORT of ACCIDENT

(To be filled out for all occupation injuries)

Supervisor's Name: ____

Date: ______________________ Exact time reported to you: __________

Injuried employee's name: ______________________________________

Who reported it: ____

Name(s) of witness(es): ____

Describe the accident: ____

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Was first aid required? ____

Did the accident require a doctor's treatment? _____________________

Date and time of next doctor's appointment: ________________________

EXPLAIN IN DETAIL: What part of the body was injured? **BE SPECIFIC** ________

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Other details of the accident: ___________________________________

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Supervisor's Signature: ______________________ Date: ____________

This form is to be returned to your supervisor as soon as possible.

Date office received report: _____________________________________

Employees should make a prompt report to their immediate supervisor of each industrial injury or occupational illness, regardless of the degree of severity.