



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 _____ Date _____
IMMEDIATE SUPERVISOR

Department/Division Head Review: _____

Signed _____ Date _____
DEPARTMENT/DIVISION HEAD

EMPLOYEE SIGNATURE: _____ Date _____

Please separate and distribute copies as follows:

White: Personnel Green: Loss Control Canary: Department Pink: Clinic Goldenrod.- Employee