

To: Supervisor From: Jamie Spielmann, Lead HR Specialist

Re: _____ Injury: _____

Subject: Supervisor's Accident Report Follow-up Form

Attached is the report of accident/illness filed by an employee under your supervision. Please complete the following in our efforts to support our Workers' Compensation carrier in reviewing this claim.

To your knowledge, is the attached report of accident/illness accurate?

Yes No Unknown

Corrections: _____

Are there any witness/others who might have information?

Name(s) _____

Is personal protective equipment required for this job? Yes No
If yes, were they in use by the employee at the time of accident? Yes No

Are other mechanical safeguards required for the job? Yes No
If yes, were they in place at the time of the accident? Yes No

Were mechanical or other safeguards in proper working condition at the time of the accident?
 Yes No Unknown

Has the employee received training relating to the job? Yes No
If yes, is that training documented? Yes No

Explain what you think are causes contributing to the accident and recommendations to prevent reoccurrence:

Do you have any other information that you think would be helpful for our claims administrator in reviewing this claim? _____

If you have any additional concerns or questions, please contact Jamie Spielmann at (530) 242-7641 or Greg Smith at (530) 242-7649. Please return this form as soon as possible so we can provide our administrator with all available information.

Signature

Date