

To: Supervisor From: Amy Westlund, Director of Human Resources

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 Amy Westlund at (530) 242-7648 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