# Southern Methodist University

**Supervisor’s Report**

*To be completed by the supervisor of an employee injured or ill through the course and scope of their work.*

## Employee Information

| Employee Name: | ________________ | SMU ID #: | ________________ |
| Job Title:     | ________________ | Hire Date: | ________________ |
| Department:    | ________________ |
| Employee Type: | Exempt          Non-exempt          Student          Other: ______________________ |

## Incident Information

| Date of Incident: | ________________ | Time of Incident: | __________ AM PM |
| Date Reported to Supervisor: | ________________ |
| Time Employee Began Work: | _______ AM PM | Time Employee Left Work: | _______ AM PM |
| Time Typical Shift Begins: | _______ AM PM | Time Typical Shift Ends: | _______ AM PM |

Describe activity the employee was performing when incident occurred:

How did the Injury/Illness occur? Please describe:

Location of Incident: _______________________________________________________________________________________

Part of Body Affected: __________________ Cause of injury/Illness: __________________

Was safety equipment required for this activity and, if so, was it used:

Witness Name(s): _______________________________________________________________________________________

Witness Contact Information: ____________________________________________________________________________

## Additional Information

Did this injury occur in the course and scope of the employee’s work? YES NO NOT SURE

Did the employee lose time because of this injury?: YES NO

If so, what was the last day the employee worked?

Has the employee returned to work? YES NO

If yes, date returned: ________________

Comments: __________________

## Supervisor Information

Name: ________________ Phone: ________________

I hereby certify that the above information is true and correct to my understanding of this incident.

Signature                                                                                                                 Date and Time

Please send fully completed form to:
Office of Risk Management
214-768-2083 / riskmanagement@smu.edu
PO Box 750231 / Dawson Service Center Suite 100

Rev. January 22, 2018