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

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