



Supervisor's Incident/Injury Report

Print Form

Risk Management
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P (907) 746-9213 || F (907) 761-4091

Date Notified

Special Instructions: Supervisors/Principals: please complete this form and submit, along with the State of Alaska Worker's Compensation Report of Occupational Injury/Illness, to the Risk Management Office within 72 hours of reported incident or illness. If an exposure occurs, complete and attach the Exposure Incident Report Form (RM02).

Employee Name Date of Birth SSN Female
Employee Job Title Work Location Male
What time does the employee begin work each day?

Incident Information:

Date of Incident/Diagnosis of Illness Was Incident/Exposure on employer's premises? Yes No
Date Employee Returned to Work Exact Location

1. Did or will employee receive Medical Attention?

Yes No If so, where?

2. Did the Incident / Illness result in death?

Yes No

3. Will the Injury / Illness result in lost time beyond the date of the Incident?

Yes No Lost Time to Date Estimated Total of Lost Time

4. Will the Injury / Illness result in restricted work activity?

Yes No Restricted Time to Date Estimated Total of Restricted Time

Nature of Restriction

5. Describe the Incident / Illness.

6. Witness(es) to Incident

7. Nature of Injury / Illness; include part of body affected. *Example: strained lower right portion of back.*

8. What workplace condition, work practice, or lack of protective equipment contributed to the incident?

9. What corrective action was taken to prevent future occurrence(s)? (List interim measures, if applicable.)

Date the Corrective Action will be Implemented

10. Was the employee instructed in the proper execution of this activity prior to the Injury / Illness?

Yes No

Principal/Supervisor Signature

Date