THE REDWOODS GROUP

SERVE OTHERS®

Workers' Compensation: Supervisor Incident Report

Important: The supervisor should complete this form immediately after the incident.
Additional forms available at www.redwoodsgroup.com/YMCAs/WC_Forms.asp

YMCA Name:	
Injured employee name:	☐ Male ☐ Female
Social Security number: - -	Date of birth: / /
Home address:	Phone:
Date of hire: / /	Job title and department:

Date of injury: / /	Time of injury: ☐ AM ☐ PM
Was first aid provided onsite? ☐ Yes ☐ No	Was additional medical attention sought? ☐ Yes ☐ No
(If applicable) Name of facility or physician that provided treatment:	
Was, or will there be, a drug screen completed? ☐ Yes ☐ No	

Last day worked: / /	Return-to-work date: / /

Scheduled workweek at time of injury			
Hours:	Days per week:	Start time:	End time:

Injured employee normal/usual schedule			
Hours:	Days per week:	Start time:	End time:

Witnesses to the incident		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Injured employee statement regarding the injury (list all circumstances and equipment involved):
Part(s) of body affected:
Type of injury or injuries:

The answers I have provided to the above questions are true to the best of my knowledge.	
Injured employee signature:	Date: / /
Supervisor signature:	Date: / /

Please complete page 2 of this form (over)

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Supervisor Incident Report (cont.)

Please check one and only one box in each of the following sections:

SPECIFIC LOCATION OF INCIDENT

☐ Aquatics area	☐ Climbing wall / tower	☐ Parking lot / garage	☐ Skating rink
☐ Athletic / play field	☐ Ex Room: aerobics, etc.	☐ Play structure or area: interior	☐ Spa / Sauna / Steam
☐ Cabin / tent	☐ Ex Room: cardio / strength equip	☐ Playground (with equipment)	☐ Stairs
☐ Campfire / meeting area	☐ Ex Room: free weights	☐ Pool	☐ Waterfront (non-pool)
☐ Challenge course	☐ Gym	☐ Racquetball (etc.) court	☐ Other
☐ Child watch / babysitting	☐ Gymnastics facility	☐ Range: rifle / archery	_____
☐ Childcare area	☐ Lobby / halls	☐ Residence facility	
☐ Class / meeting room	☐ Locker / rest room	☐ Running track	

PROGRAM NAME

☐ Aquatics	☐ Childcare: Child Watch	☐ Non-sport activities	☐ Sports: Informal
☐ Camp: Day / Holiday	☐ Childcare: Outdoor Education	☐ Senior program / activity	☐ Sports: Youth
☐ Camp: Resident	☐ Childcare: Preschool / Daycare	☐ Social Outreach (incl. residence)	☐ Other
☐ Camp: Sports	☐ Health & Fitness: Organized	☐ Special Events / Field Trips	_____
☐ Childcare: Before & After	☐ Health & Fitness: Personal	☐ Sports: Adult	

GENERAL ACTIVITY

☐ Aquatics: boating, all forms	☐ Class: Kick-boxing	☐ Games / Structured activity	☐ Skiing / Snowboarding
☐ Aquatics: all others	☐ Class: Martial arts	☐ Gymnastics	☐ Skiing / Water
☐ Animal: grooming	☐ Dance	☐ Hiking / backpacking	☐ Soccer
☐ Animal: care	☐ Exercise: Cardio equip.	☐ Hockey (ice or roller)	☐ Transportation / Driving
☐ Animal: training	☐ Exercise: Free weights	☐ Horseback riding	☐ Volleyball / Walleyball
☐ Baseball / Softball / T-ball	☐ Exercise: Strength equip.	☐ Playground equipment	☐ Walking (incidental)
☐ Basketball	☐ Exercise: Run / Walk	☐ Racquetball / Handball / Squash	☐ Other
☐ Bicycles / Motorbikes	☐ Exercise: Other personal	☐ Skateboarding	_____
☐ Class: Aerobics	☐ Football	☐ Skating (ice or roller)	

SPECIFIC ACTION

☐ Aggressive behavior of / by	☐ Fall (from, onto, into, or against)	☐ Pushed / pulled / bumped
☐ Caught in, by, or between	☐ Horseplay	☐ Struck by / against
☐ Contact with / exposure to	☐ Inhale / ingest	☐ Other _____
☐ Exertion	☐ Participation / playing	

SOURCE OF INJURY

☐ Aquatics facility: deck / dock	☐ Door	☐ Insect / animal	☐ Wall / vertical surface
☐ Aquatics facility: equipment	☐ Environment: sun, heat, etc.	☐ Locker / cabinet	☐ Other
☐ Aquatics facility: sides / bottom	☐ Equipment: playground	☐ Object (ball / bat / toy / etc.)	_____
☐ Aquatics facility: body of water	☐ Floor / Ground	☐ Person (another)	
☐ Blood / body fluids	☐ Furniture	☐ Self	

APPARENT INJURY

☐ Abrasion / Scratch	☐ Burn / Blister	☐ Fracture / Break	☐ Puncture
☐ Amputation	☐ Chemical Exposure	☐ Irritation / Reaction	☐ Seizure / Dysfunction
☐ Aquatic distress	☐ Cramp	☐ Jam	☐ Sprain / Strain
☐ Bite / Sting	☐ Cumulative Trauma.	☐ Laceration / Cut	☐ Stress / Mind / Psyche
☐ Breathing shortened / Impaired	☐ Dislocation	☐ Pain / Soreness	☐ No visible / Apparent injury
☐ Bruise / Contusion	☐ Dizziness / Unconscious	☐ Pinch / Crush	☐ Other _____

BODY PART

please check if applicable → ☐ right ☐ left ☐ upper ☐ lower

☐ Arm	☐ Finger	☐ Knee	☐ Stomach	☐ Hip	☐ Eye	☐ Heart	☐ Teeth
☐ Hand	☐ Leg	☐ Toe	☐ Side	☐ Groin	☐ Nose	☐ Lungs	☐ None / Not applicable
☐ Wrist	☐ Foot	☐ Shoulder	☐ Back	☐ Face	☐ Head	☐ Mouth / Lips	☐ Other
☐ Elbow	☐ Ankle	☐ Chest	☐ Buttocks	☐ Ear	☐ Neck	☐ Mind / Psyche	_____