

## Supervisor Report of Injury/Incident

### Injury/Incident Facts

Name of Injured Worker (printed) \_\_\_\_\_ Employee # / Social Security # \_\_\_\_\_  
Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ ☐ AM ☐ PM Time Workday Began \_\_\_\_\_ ☐ AM ☐ PM  
Part of Body Injured (finger, hand, arm, leg) \_\_\_\_\_ Side of Body Injured ☐ Left ☐ Right  
Describe the Injury/Incident (strain to shoulder from lifting patient during transfer from bed to gurney, cut to thumb while slicing food) \_\_\_\_\_

### Medical Care

Did worker seek medical treatment for injuries? ☐ Yes ☐ No  
Where was worker treated? HonorHealth Employee Health: ☐ Osborn ☐ Shea ☐ TPK ☐ DM ☐ DV  
HonorHealth Emergency Dept: ☐ Osborn ☐ Shea ☐ TPK ☐ DM ☐ DV ☐ Other \_\_\_\_\_

### Work Status

Did the worker have days away from work/restricted duty due to the injury/incident? ☐ Yes ☐ No If yes, please state dates \_\_\_\_\_  
If worker is authorized to return to work with restrictions, will you accommodate in your department? ☐ Yes ☐ No

### Investigation & Root Cause Analysis (answers must be given for all categories)

Do you doubt the validity of the worker's claim? ☐ Yes ☐ No  
If yes, please explain \_\_\_\_\_  
List Witnesses (printed): \_\_\_\_\_

#### Severity Potential (check one only)

- ☐ Major-Life Threatening
- ☐ Serious-Disabling
- ☐ Minor-Not Disabling

#### Frequency Potential (check one only)

- ☐ Frequent Exposure
- ☐ Occasional Exposure
- ☐ Seldom/Minimal

#### Unsafe Acts (check one only)

- ☐ Operating without authority
- ☐ Failure to secure or warn
- ☐ Operating or working at unsafe speed
- ☐ Taking unsafe position or posture
- ☐ Making safety devices inoperative
- ☐ Using unsafe equipment, hands instead of equipment, or equipment unsafely
- ☐ Failure to use safe attire or personal protective equipment
- ☐ Mental Stress – emotional overload, conflicting demands, monotony, extreme concentration demands
- ☐ Physical Stress – factors of fatigue due to extended work hours, task duration or lack of rest, temperature extremes
- ☐ Improperly posted signs or no signs posted (wet floor)
- ☐ Other \_\_\_\_\_

#### Unsafe Conditions (check one only)

- ☐ Improper guarding (unguarded, guard removed, etc.)
- ☐ Hazardous arrangement (poor layout/poor housekeeping, etc.)
- ☐ Combative patient
- ☐ Defective substances or equipment (broken/poor design, etc.)
- ☐ Improper illumination (none, glaring light, etc.)
- ☐ Improper ventilation (poor air movement, dusty, odors, etc.)
- ☐ Improper apparel (goggles, gloves, shoes, masks, sleeves, etc.)
- ☐ Inadequate preventative maintenance
- ☐ Lag in scheduling of PM service, demand or crisis maintenance
- ☐ Inadequate/limited selection of tools/equipment
- ☐ Poor road or visibility conditions
- ☐ Inadequate training or lack of training to complete the task correctly.
- ☐ Inadequate engineering (ergonomics, work station design, exposures assessment, etc.)
- ☐ Other \_\_\_\_\_

#### Unsafe Acts Corrective Action (check one only)

- ☐ Instructed/warned worker
- ☐ Supplied personal protective equipment
- ☐ Other \_\_\_\_\_

#### Unsafe Conditions Corrective Action (check one only)

- ☐ Eliminated/repaired condition
- ☐ Guarded machine/supplied safeguard
- ☐ Reported to: ☐ Housekeeping ☐ Maintenance ☐ Engineering
- ☐ Other \_\_\_\_\_

Supervisor's Name (printed) \_\_\_\_\_ Ext \_\_\_\_\_  
Supervisor's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**HonorHealth Employees fax, mail or email**  
8125 N. Hayden Rd.  
Scottsdale, AZ 85258-5199  
Ph: (480) 323-4544, Fax: (480) 882-5825  
[workerscomp@honorhealth.com](mailto:workerscomp@honorhealth.com)

**DV Employees fax, mail or email OR**  
19841 N. 27th Ave. Ste. 404  
Phoenix, AZ. 85020  
Ph: (623) 879-5499 Fax: (623) 879-1550  
[Catalina.Jasso@honorhealth.com](mailto:Catalina.Jasso@honorhealth.com)

**NM Employees Fax, mail or email**  
9202 N. 2<sup>nd</sup> St.  
Phoenix, AZ. 85020  
Ph: (602) 870-6332 Fax: (602) 331-5822  
[Gina.Anderson@honorhealth.com](mailto:Gina.Anderson@honorhealth.com)