**SUPERVISOR’S INJURY FOLLOW-UP REPORT**

Return this form and Employee’s Report of Injury or Illness to the departmental safety officer

Employee’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Position/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of injury or illness \_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up Action Taken:

Work request submitted? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, Date \_\_\_\_\_\_\_\_\_\_\_\_

Online training assigned? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, Title of Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Go to [www.fcsigweb.org](http://www.fcsigweb.org); Choose “Online Training;” Sign in; Select Employer; Choose class]

Other follow-up action taken? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Safety Officer Date

Comments:

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