

	SUPERVISOR'S REPORT OF ILLNESS / INJURY	Document No.:	HSE-BF-027
		Department:	Operations
		Revision Date:	25 AUG 2010
	D. Slattery	Page	Page 1 of 1

ORIGINAL - MAIN OFFICE COPY			
Employer		Division	
Name of Injured			
Occupation			
Date of Injury/Illness		Hour	
Month/Day/Year		A.M.	P.M.
Name and Address of Physician			
Nature of Injury			
Did Injured Leave Work?	Date	Hour	
		A.M.	P.M.
Was Injured Acting in Regular Line of Duty?			
Where Did The Injury/Illness Occur?			
What Steps Should Be Taken To Prevent A Similar Injury or Illness?			
Date	Supervisor's Signature		