SUPERVISOR'S INVESTIGATION REPORT

Employer: North Central State College
Employee Name:_____ Soc. Sec. #_____
Date of Injury:_____

Was an investigation completed concerning the circumstances of this injury? ☐ Yes ☐ No

Were there any witnesses to this injury? ☐ Yes ☐ No
If yes, witness statements should be attached.

Was the injury a result of horseplay? Under the influence of drugs, or purposely self-inflicted? If yes, please specify: ☐ Yes ☐ No

_____
_____
_____

Has there been any recent disciplinary action taken against this employee? ☐ Yes ☐ No
If yes, please describe:

_____
_____

Has the employee missed any work previously due to similar industrial or non -industrial conditions? If so, when? ☐ Yes ☐ No _____

Has the employee submitted medical documentation for the injury? ☐ Yes ☐ No
If so, please attach.

If known, please provide us with the name, address and telephone number of the attending physician:

_____
_____
_____
_____

Has the employee returned to work? ☐ Yes ☐ No
Last day worked_____ Returned to work_____

If not, what is the current estimated date of return?_____

With the information you have, would you recommend the claim be accepted? ☐ Yes ☐ No
If no, why?_____
_____

_____ _____ _____
Employer's signature Title Date

PLEASE ATTACH COMPLETED INCIDENT REPORTS, WITNESS STATEMENTS AND ANY ACCUMULATED MEDICAL BILLS AND INFORMATION. ADDITIONAL COMMENTS MAY BE NOTED ON THE REVERSE SIDE.