

EARNHARDT MANAGEMENT COMPANY

Supervisor's Report of On Job Accident/Injury

Store _____

Employee name _____ SSAN _____

Date of birth _____ Title _____ Department _____

Date of accident _____ Time _____ Time supervisor notified _____

Address or location of accident _____

Description of accident _____

Nature of injury _____

Describe unsafe act/equipment responsible for the accident _____

What should be done to prevent reoccurrence? _____

Has it been done? _____ If not, give reason _____

Did individual receive medical attention? Yes / No

Facility where treated? _____

Supervisor's Signature _____ Date _____ Reviewed By _____ Date _____

My signature below acknowledges I declined medical treatment:

Employee Signature _____ Date _____