



**BENTLEY**  
UNIVERSITY

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## Human Resources

### Supervisor's First Report of Injury Form

Employee's Name:

Department:

Job Title:

Date of Injury:

Time:

Location Where Injury Occurred:

Name of Witness:

Injured Body Part(s):

Nature of Injury (burn, fracture, cut, etc.):

Describe how injury occurred:

Is medical attention required?

Is employee able to continue working?

Was the employee wearing/using Personal Protection Equipment?

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

*Please submit this form to Human Resources.*

