Supervisor’s Guide to Completing Workers’ Compensation Form DAS WC-207-1

Supervisors are responsible for completing the DAS WC-207-1 after an employee injury occurs. The purpose of this form is to provide the manager’s point of view on the incident, as well as to review procedures to prevent a similar event from happening in the future.

Fax this form to Human Resources at 860-679-4660 by the end of shift.

INSTRUCTIONS ON COMPLETING THE WC-207-1

Field	Instruction
Employee Name	Fill in the employee’s full name.
Date of Incident	Fill in the date that the incident occurred.
Location of Incident	Fill in the exact location where the incident occurred. Include a room number or description of the location if a room number is not available.
Job Title	Fill in the employee’s official job title.
Time of Incident	Fill in the time that the incident occurred.
Medical Treatment?	Check the appropriate box according to what treatment was sought.
Nature of Injury?	Describe the issue the employee is describing. Ex. Muscular pain, Dislocation, Contusion, Laceration, Etc.
Incident Description	Describe the incident that resulted in an employee injury.
Type of Incident	Check the most appropriate box or boxes. If “Other” is selected, write out the type of injury.
Conditions	Check the appropriate box or boxes.
Behaviors	Check the appropriate box or boxes that contributed to the employee’s injury. If “Other” is selected, write out the type of injury.
Action Plan to Prevent Recurrence	Check the appropriate box or boxes which could prevent a similar incident from occurring in the future. If “Other” is selected, write out the type of injury.
Manager Signature	Department Manager signs, prints, and dates here.
Supervisor Signature	Supervisor signs, prints, and dates here. If this form is completed by the department manager, only the manager’s signature is needed in the above field. No supervisor’s signature is needed.

Supervisor's Accident Investigation Report 207-1

The Supervisor must complete this form with the employee and then forward it to the Human Resources office, along with the 207 report, within 24 hours after the incident.

SAMPLE

GENERAL INFORMATION

Employee Name	Date of Incident	Location of Incident
Job Title	Time of Incident	Medical Treatment? ☐ ER ☐ First Aid ☐ None ☐ Walk-In ☐ Ambulance ☐ Other
Nature of Injury		

INCIDENT DESCRIPTION: ______________________________

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TYPE OF INCIDENT: (check most appropriate, define other if checked)

- ☐ Assault by public
- ☐ Caught in/on/between
- ☐ Shoved by or against an object
- ☐ Contact with heat/cold/chemical
- ☐ Motor Vehicle Accident
- ☐ Slip/Trip/Fall
- ☐ Lifting/Material Handling
- ☐ Foreign body in eye
- ☐ Cumulative trauma
- ☐ Repetitive motion
- ☐ Cut/laceration/puncture
- ☐ Exposure (air quality, etc.)
- ☐ Other

CAUSES/CONTRIBUTING FACTORS *Check all that apply*

CONDITIONS

- ☐ Hazardous process
- ☐ Weather conditions
- ☐ Equipment not available
- ☐ Poor housekeeping
- ☐ Equipment malfunction
- ☐ Ergonomic set-up
- ☐ Floor/ground condition
- ☐ Poor lighting
- ☐ Poor design
- ☐ Carpet/mat
- ☐ Chemicals/cleaning agents
- ☐ Improper PPE
- ☐ Lack of training

BEHAVIORS

- ☐ Failure to follow safety procedure
- ☐ Failure to use PPE
- ☐ Improper technique
- ☐ Using equipment unsafely
- ☐ Inappropriate dress or footwear
- ☐ Failure to obtain assistance
- ☐ Working at unsafe speed
- ☐ Performing task without knowledge/failure to ask
- ☐ Failure to recognize unsafe condition
- ☐ Not in scope of duties
- ☐ Unsafe body mechanics
- ☐ Employee attitude on safety
- ☐ Horseplay
- ☐ Failure to use lookout/tagout
- ☐ Inattention/disfunction
- ☐ Poor judgement responding to unsafe condition
- ☐ Other

ACTION PLAN TO PREVENT RECURRENCE

- ☐ Reinforce employee accountability for safety
- ☐ Monitor work practices
- ☐ Work orders written
- ☐ Maintenance work order written
- ☐ Procedures revised
- ☐ Referrals made
- ☐ Apply OSHA program and manuals
- ☐ Additional training
- ☐ Hepatitus B vaccine
- ☐ Renew bloodborne training
- ☐ Renew hazmat training
- ☐ Ergonomic set-up evaluation
- ☐ Air quality consultation
- ☐ MVA= ☐ Local or ☐ State Investigation
- ☐ Other

MANAGER SIGNATURE: A Smith **PRINT NAME:** **DATE:**

SUPERVISOR SIGNATURE: **PRINT NAME:** **DATE:**

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