



7312 Parkway Drive  
 Hanover, MD 21076  
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## SUPERVISOR'S NOTICE OF INJURY

Please complete this form after an ALLEGIS GROUP employee becomes injured due to on-the-job activities. Write N/A (not applicable) for those that do not apply. PLEASE PRINT CLEARLY.

### Employee Information:

Employee Name		Sex Male or Female	Address	
Time shift began:	Did employee leave work? <i>If so, when?</i>	Has employee returned to work? <i>If so, when?</i>	Did employee miss a regularly scheduled shift? Yes or No	

Allegis Group Office Representative:

### Incident Information:

Date Injury Occurred	Time of Day Injury Occurred	Client Name
Address Where Injury Occurred	What was the Injury?	Date Returned To Work

### Incident Occurrence:

How did the injury occur? (*Describe fully the events that resulted in this injury or disease. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors that led or contributed to this claimed injury or disease.*)

Were any safeguards provided? Used? *If so, please explain:*

Did this employee report this incident to anyone at the work site? <i>If so, to whom and when?</i>	Did anyone witness this incident? <i>If so, please list names:</i>
Did you notify anyone at Allegis Group about this incident? <i>If so, to whom and when?</i>	Did employee require medical attention? ( <i>Please explain.</i> )
Do you agree with the description of this incident? <i>If no, please explain in detail.</i>	What corrective actions are required to prevent a reoccurrence of the injury? ( <i>Immediate actions</i> ) <hr/> ( <i>Future actions</i> )

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_