

# Supervisor's Injury/Illness Reporting Checklist: Instructions for Online Form

Below is an explanation of how the supervisor or the person who is working on behalf of the supervisor completes the report.

The report works in two steps.

1. **Search for the person who was injured**
2. **Complete the report for the person who was injured**

## A. Search for the Person Who Was Injured

1. When you first arrived on the Supervisor's Injury Report page you will see a search help:

### Supervisor's Report of Occupational Injury/Illness

#### Search for the injured party in the HR database

Enter the first and/or last name of the injured party and click 'Search'.

If the injured party is not listed in the search results you can perform a new search or click the 'Enter Person Information' to manually enter information about the injured party.

First Name	<input type="text"/>
Last Name	<input type="text"/>
<input type="button" value="Search"/>	

2. You should enter the name of the person who was injured – even if that person does not work at MIT or is not a student at MIT.
3. After searching for the injured person, your results will be displayed.

### Supervisor's Report of Occupational Injury/Illness

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Enter the first and/or last name of the injured party and click 'Search'.

If the injured party is not listed in the search results you can perform a new search or click the 'Enter Person Information' to manually enter information about the injured party.

First Name	Joe
Last Name	Xyz
<input type="button" value="Search"/>	<input type="button" value="Manually Enter Employee Info"/>

Last Name	First Name	Kerberos Name	MIT ID
Xyz	Joe	xyz	9999999999

4. If the person you were searching for appears, click on the record for that person.
5. If you do not find the person that was injured through the search help, you should click **Manually Enter Employee Info**, and you will be given the opportunity to manually enter personal information (e.g. home address, phone number) for the injured person.

6. When you have completed the report, click the Submit button.
7. **Is the information being reported for OSHA only and NOT for an MIT Workers' Compensation claim?:** Click yes or no.

## B. Injured Party Details

1. **Address Line 1, Address Line 2, City, State, ZIP Code, and Home Phone:** Enter the information if it is not on file.
2. **Additional Phone:** This information is optional.
3. **MIT Email:** Enter the information if it is not on file. This information is optional
4. **Sex:** Use the pull down list to indicate Male or Female, if not on file.
5. **Date of Birth:** If not on file, enter the employee's date of birth in the format of mm/dd/yyyy.
6. **Date of Hire:** If not on file, enter the employee's date of hire in the format of mm/dd/yyyy.
7. **MIT ID:** If not on file, enter the employee's MIT ID. This information is optional.
8. **Position:** If not on file, enter the employee's position.
9. **How long in current position?:** Enter the number of years and months the person has been in the current position.
10. **Work Status:** Use the pull down list to indicate Full time or Part time.
11. **Does employee work for an outside contractor or agency:** Click Yes or No. If you answer yes, enter the company name.
12. **Shift:** Use the pull down lists to enter the Start and End times.
13. **Employee's Workdays:** Click on the appropriate boxes.
14. **Department:** From the pull down list, select the department.

## C. Incident/Case Information

1. **Date of Incident:** In the format of mm/dd/yyyy, enter the date of the incident.
2. **Time of Incident:** Use the pull down lists to enter the time of the incident.
3. **Date Reported:** In the format of mm/dd/yyyy, enter the date that the incident was reported.
4. **Time Reported:** Use the pull down lists to enter the time that the incident was reported.
5. **To Whom Was Incident Reported?:** Enter the name of the person to whom the incident was reported, or use the Search button to search for the person.
6. **Position of Person Reported to:** Enter the person's (mentioned in the field above) position.
7. **Location of Incident:** Enter the building and room or name of the location where the incident occurred.
8. **Did Incident/Injury Occur on Employer Premises?:** Click Yes or No.
9. **Did the injury/incident occur during the course and scope of the injured person's employment?:** Click Yes or No.
10. **What was the employee doing just before the incident occurred?:** Enter the information and be as specific as you can.
11. **What happened to cause injury or illness?:** Enter the information and be as specific as you can.
12. **Name the object or substance which directly injured the employee:** Enter the information and be as specific as you can.
13. **Date employee began work shift:** In the format of mm/dd/yyyy, enter the date that the employee began the work shift.
14. **Time employee began work shift:** Use the pull down lists to enter the time the employee began the work shift.
15. **Did incident occur before or after work:** Click Yes or No.
16. **Overtime Hours:** Click Yes or No.
17. **Injury Status:** Click Yes or No. If you selected Yes, the field, **Original Report Date** will appear. Enter the date of the original injury in the format of mm/dd/yyyy.
18. **Nature of Injury or Illness:** Select all fields that apply. To select multiple injuries or to deselect an injury, use ctrl-click.
19. **Injury:** Select an injury by typing the name of the injury in the injury field. A search help will try to locate the injury for you. Or, with the cursor in the injury field, click the space bar to see all possible entries.
  - a. If "Nonclassifiable/Other" is one of your selections, a text box will appear in which you can enter a description of the injury or illness.

**20. Body Part:** Select a body part by typing the name of the body part in the injury field. A search help will try to locate the body part for you. Or, with the cursor in the body part field, click the space bar to see all possible entries.

## D. Employee Details

1. **Did employee return to work with no lost time?:** Click Yes or No.
  - a. If Yes, indicate if the employee returned to work in restricted duty or was transferred to a different job.
  - b. If No, enter the number of calendar days away from work, the date the employee started losing time, and indicate if the employee has returned to work. Please estimate number of days if employee has not yet returned.

## E. Witness Details

1. **Was there a witness?:** Click Yes or No.
  - a. If Yes is selected, fields for entering witness information will appear. Enter the name, phone, and email for at least one witness.

## F. Medical Details

1. **Did employee seek medical attention?:** Click Yes or No.
  - a. If Yes is selected, enter physician and facility information.
    - i. Select a facility from the pull down menu.
    - ii. If an existing facility is selected, the address information will be filled in automatically.
    - iii. If "other" is selected, enter the name and address information.
  - b. For employee treated in an emergency room click yes or no.
  - c. For employee treated as an in-patient click yes or no.

## G. Supervisor Details

1. **Supervisor:** From the pull down list, select the appropriate answer.
  - a. The default is "I am the supervisor."
  - b. If you select "Filling out form on behalf of my supervisor," a search button will appear.
2. **Supervisor Status:** Select an option from the pull down menu.
  - a. Select "Supervisor" if the person is the injured party's immediate supervisor.
  - b. Select "Acting Supervisor" if the person is not the immediate supervisor but was acting as supervisor during the time of the incident.
3. **Supervisor's Name, Phone, Email, and Building-Room:**
  - a. If you are the supervisor, your information automatically appears.
  - b. If you are acting on behalf of your supervisor, search for the supervisor or enter the information.

## H. Recipients

1. The following people will receive email reports: A list of recipients is displayed.
  - a. The button on this screen is:
  - b. **Submit:** Submits the injury report
  - c. You may print out the report from the web browser for your records.