

	Southern Heat Exchanger Services Safety Program	Section:	30
		Initial Issue Date	2/23/2010
<b>SUPERVISORS INSTRUCTIONS ACCIDENT / INJURY REPORTS</b>		Revision Date:	Initial Version
		Revision No.	0
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**WORK-RELATED ACCIDENT/ INJURY REPORT**

ALL WORK RELATED ACCIDENTS ARE TO BE REPORTED IMMEDIATELY TO THE SUPERVISOR ON DUTY WHO WILL COMPLETE THIS FORM.

**EMERGENCIES**

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IN LIFE THREATENING SITUATIONS, SEEK MEDICAL ATTENTION FIRST! THEN PROCEED WITH COMPLETION OF THIS FORM.

**NON EMERGENCIES**

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Supervisor - Complete the First and Second page of the (Supervisor’s Accident / Injury Report Sec. 31).

Sign Report in appropriate box at bottom of page no. 1.

Employee - Read both pages of ( Accident / Injury Report Sec. 31), and sign In the appropriate box at the bottom of page no. 2.

Supervisor - If medical attention is refused by the injured employee or not needed, make note in the (Medical Treatment Refused / Not Needed) box, and have EMPLOYEE sign in appropriate box.

Supervisor - Complete investigation. Forward completed copies to SHES Office.

IF in Field then Fax a copy of the work related incident form to SHES Office within 24 hours of the accident.

Employee - When outside medical attention is needed, the employee is to be escorted to an appropriate treatment site.