



# THE CITY OF WATERBURY

## Supervisor's Incident Review Report

This report is to be filled out by a supervisor to document any incident that involves an employee injury, vehicular damage, property damage or general liability.

This report & any attachments must be submitted to Risk & Legal within 24 hours.

Employee Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Vehicle #/ Property location: \_\_\_\_\_

Date of loss: \_\_\_\_\_ Time \_\_\_\_\_ am / pm

Location of Incident \_\_\_\_\_

Type of incident (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Employee injury / illness | <input type="checkbox"/> Property damage    | <input type="checkbox"/> Vehicular incident |
| <input type="checkbox"/> Equipment damage          | <input type="checkbox"/> Town/ BOE property | <input type="checkbox"/> Fire/explosion     |
| <input type="checkbox"/> Potential Hazard          | <input type="checkbox"/> Near Miss          | <input type="checkbox"/> Other              |

Describe what took place. Secure all details and facts available. Include who, what, where, when and why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full names of all witnesses:

\_\_\_\_\_  
\_\_\_\_\_

Recommendations / Training opportunity learned from this incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor print name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Designee Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**Supervisor's Review Form Submission Check List**  
**(Check All That Apply)**

<p><b>If a Motor Vehicle Incident, attach a copy of the Motor Vehicle Incident report.</b></p> <p align="center"><input type="checkbox"/></p>	<p><b>If a Worker's Comp Claim, attach a copy of the completed First Report of Injury.</b></p> <p align="center"><input type="checkbox"/></p>	<p><b>Submit a copy to:</b></p> <p><b>Risk Manager, 235 Grand Street, 2nd Floor, Waterbury, CT 06702</b></p> <p><b>Include all attachments.</b></p> <p align="center"><input type="checkbox"/></p>	<p><b>Submit a copy to:</b></p> <p><b>Department Head.</b></p> <p><b>Include all attachments.</b></p> <p align="center"><input type="checkbox"/></p>	<p><b>Submit a copy to:</b></p> <p><b>Human Resources, 236 Grand St. - Room 202 Waterbury CT 06702.</b></p> <p><b>Include all attachments.</b></p> <p align="center"><input type="checkbox"/></p>	<p><b>Submit a copy to:</b></p> <p><b>Legal, 235 Grand Street, 3rd Floor, Waterbury, CT 06702.</b></p> <p><b>Include all attachments.</b></p> <p align="center"><input type="checkbox"/></p>
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Notes/ Action Taken: