

RUTHERFORD COUNTY GOVERNMENT
"ON-THE-JOB INJURY" SUPERVISOR'S REPORT

Information: This form must be completed by the supervisor of the injured employee following their investigation.

As is allowed by T.C.A. 50-6-106, Rutherford County (RC) has opted to withdraw from the Tennessee Workers' Compensation Act, and instead has chosen to implement an On-The-Job Injury Program administered by the Rutherford County Insurance Department.

Name of injured employee

Date of Injury:

Supervisor's Name

Phone number of supervisor

What Job / task was the employee performing when the injury occurred?

As a result of your investigation do you support this claim? Yes No If "not" what do you question about the claim?

In your own words, explain what the employee was doing and how the accident occurred:

In your opinion, could this accident have been prevented? Yes No Explain

What changes or recommendations would you support to prevent this injury from reoccurring?

Supervisor's Signature: _____

Date: _____

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