

NVPS
EMPLOYEE/SUPERVISOR REPORT OF INJURY FORM

SUPERVISOR REPORT OF WORK INJURY

Was the employee performing his/her assigned work when injured? • Yes • No

Describe the work being performed at time of injury. Be specific. _____

What machines or equipment were involved? _____

Were any unsafe conditions present which caused this injury? _____

What will be done to prevent a repetition of this type of injury? _____

Employee must go to Spectrum Health Occupational Health Clinic.
Do not seek treatment from a personal doctor or another clinic.
Occupational Health clinics are open Monday to Friday from 8 a.m. to 6 p.m.

Michigan	426 Michigan, NE	Grand Rapids, MI	49525
Broadmoor	3350 Broadmoor Ave. SE	Grand Rapids, MI	4951
West Pavilion	6105 Wilson Ave. SE	Wyoming, MI	49418

Did employee seek medical treatment? • Yes • No If Yes, Date _____
MM/DD/YYYY

If Yes, did employee go to an authorized Spectrum Health Occupational Health Clinic, above? • Yes • No

Supervisor Signature

Date of Report

Supervisor Printed Name

Phone Number

Email