function — of beauty

FORM A Supervisor's Injury Report

Basic Information

Facility		Incident Date		Report Date	
Department		Incident Time		Shift	
Area (Be Specific)				⇓**Supervisor**⇓	
Weather Conditions (If Applicable)					

Type of Incident (Check all That Apply)	☐ Employee Injury	☐ Visitor / Vendor Injury	If the incident also involved a Chemical Spill, also complete **FORM B** If the incident also involved property damage, also complete **FORM C**

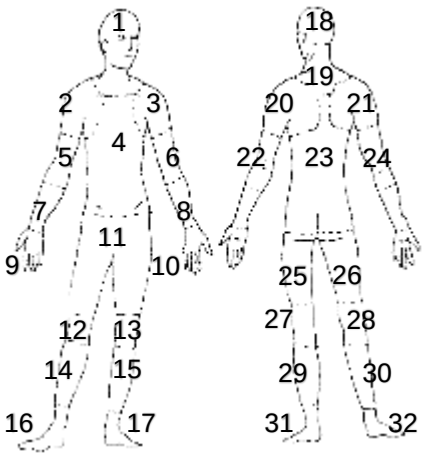
Involved Individuals	☐ Function Employee? 1	☐ Injured	☐ Witness	☐ Other	Explain
	☐ Function Employee? 2	☐ Injured	☐ Witness	☐ Other	Explain
	☐ Function Employee? 3	☐ Injured	☐ Witness	☐ Other	Explain

Injury Information

Injury Type (Check All That Apply	☐ Contusion / Bruise	☐ Cut / Laceration	☐ Sprain / Strain	☐ Fracture / Crush	☐ Burn / Thermal	☐ Amputation	☐ Chemical Exposure
	☐ Other (Specify						

Location of Injury (Check all That Apply)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16
	☐ 17	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22	☐ 23	☐ 24
	☐ 25	☐ 26	☐ 27	☐ 28	☐ 29	☐ 30	☐ 32	

Specifics of Injury Location(s)
(If Finger or Toe, Specify which Digit(s)



Care Information

Basic First Aid	☐ Advanced First Aid	☐ Ambulance / EMT	☐ Hospital / ED	☐ Panel Care Provider	Specify (See Worker's Compensation Panel Provider List)

☐ Refused Care	1 Name	Signature Required For Refusal of Care
☐ Refused Care	2 Name	Signature Required For Refusal of Care
☐ Refused Care	3 Name	Signature Required For Refusal of Care

Completed reports must be turned in to the EHS Department upon completion. Digital sent to: ehs@functionofbeauty.com
The contents of this report are considered **confidential** and will **not** be discussed outside of the investigation of the incident.