

Guide to Complete the Supervisor's Report of Injury/Illness (DCMS-900-3) Form

The Supervisor's Report (DCMS-900-3) is to be completed by the immediate supervisor as soon as possible and forwarded to the Worker's Compensation Coordinator for submission to Risk Management, along with the [DCMS-900-7](#).

Following are step-by-step instructions for completing the [DCMS-900-3, Supervisor's Report of Injury/Illness form](#):

1. "Name of Employee" - enter full name of the injured employee.
2. "Title" - job title.
3. "Social Security Number" of injured employer.
4. "Address" - home address of injured employee.
5. "City/State"
6. "Zip" - zip code.
7. "Home Phone" - of injured employee..
8. "Location" - of agency.
9. "Work Phone" of injured employee
10. "Job Description and/or Assigned Duties of Employee" - (What is the injured employee's area of responsibility?)
11. "Number of years in current job title."
12. "Activity at time of accident/incident" - (What was the injured party doing, i.e., lifting patient from bed, driving to job assignment, etc.)
13. "Was said activity within the course and scope of employment or assigned duties?" - check Yes or No.
14. "Date Accident/Incident" - month, day, year.
15. "Hour" - Be sure to designate A.M. or P.M.
16. "Exact Location." - NOT address of facility, but where at the facility the injury occurred.
17. "Did you witness?" - check Yes or No.
18. "How was notice received?" - check either Oral or Written.
19. "Date Received" - enter month, day, year.
20. "Time Received" - enter A.M. or P.M.
21. "From Whom Notice Received" - enter name of individual.
22. "Description of Accident/Incident" - give a concise description of the accident. "Tripped and fell" is not satisfactory. Describe why and how the injured employee tripped and fell.
23. "Did a negligent third party cause or contribute to the accident?" - check Yes or No.
24. "Description of Injury-Part(s) of Body Injured" - describe as deep cut to right thumb, broken right forearm, etc. Be specific as to what part of the body injured. –
25. "Name(s) of Witness(es)" - if none, so state; in addition to the full name(s). Indicate if the witnesses are State employees. If not a State employee, secure address and phone number of witness.
26. "Describe any unsafe acts or conditions which contribute to the accident/incident" - describe briefly, i.e., oil on floor, improper lifting, etc.
27. "Was the condition above corrected (how)?" - describe briefly what has or will be done to correct any unsafe act or condition and the name and title to whom reported.
28. "Reported to higher authority (Name & Title)?" - (whom ?)
29. "Did the incident result in any disciplinary action?" - check Yes or No.
30. "Name and Title of Supervisor" - should be printed or typed with inked signature following. "Report Date."