

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

Information: This form will be completed by the supervisor in an interview with an injured employee.

As is allowed by T.C.A. 50-6-106, Rutherford County 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 and Risk Management Department.

Name of injured employee	<input type="text"/>	Date of Injury:	<input type="text"/>
Supervisor's Name	<input type="text"/>	Phone number of supervisor	<input type="text"/>

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

As a result of your investigation do you support this as a 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: _____

OJI SUPERVISOR'S STATEMENT