

Supervisor's Incident Response Toolkit

Templates, checklists, and reference guides for responding to workplace injuries

This toolkit contains four ready-to-use documents: (1) Supervisor First Response Checklist, (2) Workplace Incident Report Form, (3) Employee Communication Script, and (4) Injury Communication Log. Customize with your company name, carrier information, and HR contact details before use.

Tool 1: Supervisor First Response Checklist

Complete this checklist in order immediately following any workplace injury. Keep a copy with the incident file.

Company: _____ Date: _____ Time: _____
Supervisor Completing This Form: _____ Dept: _____

Injured Employee: _____ Job Title: _____

STEP 1 — Ensure Safety & Provide Care

- Stop the work activity and secure the hazard area immediately
- Assess the employee's condition — call 911 if any doubt about severity
- Do NOT move an employee with potential head, neck, or back injuries
- Stay with the employee until medical care arrives or is arranged
- Say: "Are you okay? We're going to take care of you."
- Protect other employees from the same hazard

Medical care arranged: Called 911 Transported to clinic Employee drove self First aid only

STEP 2 — Document the Scene

- Do NOT clean, move, or alter anything until documentation is complete
- Photograph the scene, equipment, and any contributing conditions
- Note: exact location, time, date, lighting, floor condition, equipment involved
- Collect names and contact information of all witnesses
- Begin Incident Report form (Tool 2 in this toolkit) same day

STEP 3 — Report Immediately

- Notify HR and/or management within 1 hour of the incident
- Contact workers' comp carrier within 24–48 hours
- Determine if OSHA recordkeeping is required (see OSHA 300 Log guidance)
- Fatalities: call OSHA 1-800-321-OSHA within 8 hours
- Hospitalizations, amputations, eye loss: call OSHA within 24 hours

Workers' comp carrier notified: Yes — Date/Time: _____ No — Reason: _____

STEP 4 — Communicate with the Employee

- Before employee leaves: explain what happens next (claim process, follow-up)
- Provide workers' comp carrier name and phone number in writing
- Confirm employee has a way to get to medical care if needed
- Schedule first follow-up contact within 24 hours of first medical appointment
- DO NOT say: "We'll lose our safety bonus," "Are you sure you're really hurt," or "Don't report this"

IMPORTANT: Do not discourage reporting. Minnesota Statute 176.82 prohibits retaliation against employees who file workers' comp claims. Penalties: up to 3x lost wages + attorney fees.

Quick Reference — Key Numbers

Contact	Number / Website
Our Workers' Comp Carrier	Name: _____ Phone: _____
HR / Safety Manager	Name: _____ Phone: _____
OSHA Emergency Reporting	1-800-321-OSHA (6742) — 24/7
MN DLI Workers' Comp	651-284-5032 dli.mn.gov
Nearest Clinic / ER	Name: _____ Address: _____

Tool 2: Workplace Incident Report Form

Complete this form the same day the incident occurs. This is a legal document — record facts only. Do not speculate about cause or assign blame.

Part A: Basic Information

Company Name _____

Date of Incident _____

Time of Incident _____

Location (specific) _____

Supervisor On Duty _____

Reported By _____

Date Report Completed _____

Part B: Employee Information

Employee Full Name _____

Job Title / Department _____

Date of Hire _____

Employee Phone _____

Shift (start/end time) _____

Length of Time in Role _____

Part C: Incident Description

Describe exactly what happened. Include: activity being performed, what went wrong, sequence of events. Facts only — no opinions.

What was the employee doing when the incident occurred?

Describe the incident in sequence (what happened, step by step):

What equipment, materials, or substances were involved?

What physical conditions existed? (floor condition, lighting, weather, space constraints):

Part D: Injury Information

Nature of Injury

Body Part(s) Affected

Side of Body (if applicable)

Medical Treatment Provided:

- No treatment required First aid on-site Clinic visit Emergency room Hospitalized

Clinic / Hospital Name

Treating Physician

Employee Released To

Work? Full Duty

Modified Duty No

Work

Work Restrictions (if any)

Part E: Witnesses

Witness Name	Department / Title	Phone Number

Part F: Contributing Factors (check all that apply)

Equipment / Environment:

- Defective equipment Missing guard / safety device Poor housekeeping Inadequate lighting Wet / slippery surface Other: _____

Training / Process:

- No training provided Training not followed No written procedure Procedure not followed Insufficient supervision Other: _____

Human Factors:

- Fatigue Rushing / production pressure Distraction New to task Medical condition Other: _____

Part G: Corrective Actions

Immediate corrective action taken (what was done right away to prevent recurrence)?

Long-term corrective action recommended (process change, training, equipment, etc.)?

Person Responsible for Action _____

Target Completion Date _____

Date Action Verified Complete _____

Part H: Signatures

Supervisor Signature / Date _____

HR / Safety Manager Review / Date _____

Management Approval / Date _____

Tool 3: Employee Communication Script

Use this script as a guide for conversations with injured employees at three key points: immediately after the injury, the first follow-up call, and weekly check-ins. Adapt to your natural voice — the words matter less than the genuine care behind them.

Immediate Response — At the Scene or Right After

What to SAY:

- "Are you okay? Let's make sure you get the care you need right away."
- "I'm here with you. We're going to take care of this together."
- "Here's what's going to happen next: we'll get you to the clinic, and I'll walk you through the workers' comp process."
- "Your job is not at risk. We want to support your recovery."
- "Here is the name and number for our workers' comp carrier: [Name, Phone]. They will reach out to you."

What to AVOID:

- "Are you sure you're really hurt? You seemed fine a minute ago."
- "This is going to mess up our safety record / bonus."
- "Let's just wait and see if it gets better before we file anything."
- "You probably just pulled something — it's not that serious."
- Anything that expresses doubt, blame, or discourages the employee from seeking care or filing a claim.

First Follow-Up Call (within 24 hours of first medical appointment)

Target: Call within 24 hours of the employee's first medical appointment. Keep it brief — 5–10 minutes.

Script:

- "Hi [Name], this is [Your Name]. I wanted to check in and see how you're doing after your appointment yesterday."
- "Did the doctor give you any work restrictions? If so, can you share a copy with me so we can start looking at options for you?"
- "I want you to know we're already thinking about what tasks might work within your restrictions when you're ready."
- "Is there anything you need from us right now — information about your claim, your benefits, or the next steps?"
- "I'm going to check in with you again on [specific day]. In the meantime, please don't hesitate to reach out to me at [phone] or [email]."

Document this call immediately: date, time, duration, what was discussed, any restrictions received. One sentence is sufficient.

Weekly Check-In (every 7–10 days throughout recovery)

Keep these calls brief and genuinely personal — not about claim management. The goal is maintaining the relationship.

Script:

- "Hi [Name], just checking in to see how you're feeling this week."
- "Have there been any updates from your doctor on restrictions or your recovery timeline?"
- "I wanted to let you know we're still thinking about your return — we have [specific task/option] in mind when your restrictions allow."
- "Is there anything we can do to support you right now?"
- "I'll check in again on [specific date]. Take care of yourself."

Returning Employee Welcome (day of return)

- "We're really glad to have you back. We missed you."
- "I want to walk you through your modified duties so you're clear on what your assignment looks like."
- "Please communicate with me immediately if anything feels uncomfortable or exceeds your restrictions."
- "Your job is to recover fully. These modified duties are a bridge — not your permanent role."
- "The team knows you're back and is glad to have you."

Suitable Work Offer Log

Record every offer of suitable/modified duty — even if declined. Written offers must be retained.

Date Offered	Duties Offered (brief description)	Wage / Hours	Employee Response

If the employee declines a bona fide offer of suitable work, notify your workers' comp carrier immediately. The employee's wage replacement may be affected under Minn. Stat. § 176.101.