

Supervisor's Log Sheet & Follow-up Form for an Incident / Injury

Employee Name:	
Employee Number:	
Accident Date:	

√	Action Item	Date
	Complete an Injury/Incident Report form. Fax to Return to Work Specialist, 905-540-9085.	
	Is health care treatment required? YES NO (physio, massage, physician)	
	If yes, provide employee with Functional Abilities Form and complete top portion.	
	Attending other Health Care (specify)? Provide employee with letter addressed to attending physician (see standard in the white envelope) and include FA form.	
	Provide employee with transport to health care facility or taxi chits complete with account #	
	Employee returns to work with completed Functional Abilities Form.	
	Review the results of the Functional Abilities Form	
	Can the restrictions be accommodated? YES NO	
	Is a temporary reduction in hours required (specify)?	
	Describe the modified work including duration expected. Provide a copy of this modified work offer to RTW Specialist and for WSIB, by faxing to 905-540-9085.	
	Follow up regularly and record progress or any changes required in the modified work plan by faxing to RTW Specialist, 905-540-9085.	
	Follow up on Day 1 - concerns, changes to the accommodation:	
	Follow up on Day 3 - noting progress, changes, concerns:	
	Follow up after Week 1 - noting progress, any changes to the hours, accommodations:	

