

**SUPERVISOR'S  
CHECK LIST**

**Processing a Reported Work Related Injury**

**Supervisor**

**Employee Name:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Department:**\_\_\_\_\_

- (Check One) New Injury \_\_\_\_ Recurrence \_\_\_\_**
- WC 207 First Report of Injury Form**
- WC 207-1 Supervisor Accident Report**
- Human Resources Notified via phone/email Amanda Pysh  
(203) 392-5569 and/or Francesca Poole (203) 392-5059  
on (mm/dd/yyyy) \_\_\_\_\_**
- Employee received Worker's Compensation reporting packet**

**Supervisor Name:**\_\_\_\_\_

**Return this packet to Human Resources. Retain a copy for your file.**