

SUPERVISORS FIRST REPORT OF INJURY (SFR)



OPEN SFR
URL: bit.ly/45AxECA

1

REPORT DETAILS

Enter your contact information and detail **WHEN** the injury occurred, **WHEN** you were informed, and **HOW** you are reporting the incident (e.g., as the employee supervisor or on behalf of another supervisor).



2

EMPLOYEE INFO

Provide the following information:

- Employee Full Name
- Coyote ID
- Department ID
- Job Title
- Duration in Position
- Work Schedule



3

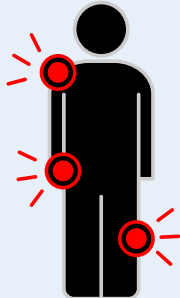
MEDICAL TREATMENT

- Did the employee receive medical treatment?
- Did the employee leave work early?
- Was the employee admitted into the hospital?



4

INJURY SUMMARY



Describe the **WHAT**, **WHEN**, **WHERE**, and **HOW** of the injury.



5

SUBMIT REPORT

You will receive a confirmation page as well as an automated email confirming your submission.



SUBMIT WITHIN 24 HOURS OF INJURY

This visual guide was developed by the Office of Environmental Health & Safety (EHS)
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