

SUPERVISOR ACCIDENT REPORT FORM*

DISTRICT: _____ SCHOOL: _____

NAME OF INJURED PERSON: _____

ACCIDENT DATE : _____ ACCIDENT TIME: _____ DATE REPORTED _____

EMPLOYEE [] STUDENT [] VISITOR []
If injured is an employee please provide the following:

JOB POSITION: _____ DATE OF HIRE: _____

HOURS USUALLY WORKED PER DAY: _____ PER WEEK: _____

SPECIFIC BODY PART INJURED: _____

TYPE OF INJURY (Puncture, sprain, contusion, etc.): _____

WAS FIRST-AID REQUIRED? YES [] NO [] LOST TIME INVOLVED? YES [] NO []

PROPERTY DAMAGE INVOLVED? YES [] NO [] DESCRIBE: _____

HOW DID ACCIDENT OCCUR? (Object, activity or substance involved?): _____

WAS PERSONAL PROTECTIVE EQUIPMENT NEEDED? YES [] NO [] USED? YES [] NO []

WHAT UNSAFE ACTS CONTRIBUTED TO THE ACCIDENT? _____

CORRECTIVE ACTION TO BE TAKEN FOR UNSAFE ACT: (e.g. discipline, training) _____

WHAT UNSAFE CONDITIONS CONTRIBUTED TO THE ACCIDENT? _____

HAD THIS CONDITION BEEN REPORTED PREVIOUSLY? YES [] NO []

TO WHOM? _____

CORRECTIVE ACTION TO BE TAKEN FOR UNSAFE CONDITION: _____

WAS ACCIDENT CAUSED BY ANYONE NOT ON EMPLOYER'S PAYROLL? YES [] NO []

IF SO, WHOM? _____

WITNESSES? YES [] NO [] NAMES: _____

WITNESS STATEMENT _____

SIGNATURE OF SUPERVISOR: _____ DATE: _____

*To be completed within 24 hours and sent to District Contact