

# Supervisor's Accident Investigation Report

*(Completed by Supervisor of Injured Employee)*

<b>District</b>		<b>Incident Location (school)</b>	
<b>Injured Employee</b>	<b>Position</b>	<b>Consecutive hrs worked</b>	<b>How long in position?</b>
<b>Date of Accident</b>	<b>Time of Accident</b>		<b>Nature of Injury</b>
<b>Has Employee been trained:</b>	<b>If so, when:</b>		
<b>Medical Treatment</b> <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> EMT or Paramedic <input type="checkbox"/> Doctor or Clinic <input type="checkbox"/> Hospital			<b>Days Lost Time?</b>
<b>What was the injured employee doing immediately prior to and at the time of the accident?</b>			
<b>How did the accident occur (brief description)?</b>			
<b>What unsafe conditions contributed to the accident?</b>			
<b>What unsafe acts contributed to the accident?</b>			
<b>What corrective actions <u>can</u> be taken to prevent recurrence?</b>			
<b>What corrective actions <u>have</u> been taken to prevent recurrence?</b>			
<b>Was this accident reviewed by the Safety Committee?</b>			
<b>Safety Committee Recommendations:</b>			
<b>Supervisor</b>	<b>Date</b>	<b>Reviewed by</b>	<b>Date</b>