

SUPERVISOR'S REPORT OF ACCIDENT

SCHOOL DISTRICT INFORMATION

NAME OF SCHOOL DISTRICT _____

MAILING ADDRESS _____

DIVISION _____

LOCATION _____

PHONE _____

EMPLOYEE INFORMATION

EMPLOYEE'S NAME: FIRST, MIDDLE, LAST _____

HOME ADDRESS _____

HOME PHONE _____

CELL PHONE _____

MALE FEMALE

DATE OF BIRTH _____

GENDER _____

SOCIAL SECURITY NUMBER _____

OCCUPATION _____

DEPARTMENT _____

ACCIDENT INFORMATION

DATE OF ACCIDENT _____

TIME OF ACCIDENT _____ A.M. P.M.

REGULAR WORK? _____

Describe injury: _____

Body part injured: _____

Witness info: _____

Fatality? YES NO

How did the accident happen? _____

Employment date: _____ How long on this job? _____

Detail all machine or equipment involved: _____

Specify activity employee was engaged in when accident occurred: _____

What safety words or safety equipment was in place? _____

What should be done to prevent repetition? _____

Has it been done? YES NO If not, give reason: _____

NAME OF PHYSICIAN _____

ADDRESS _____

NAME OF HOSPITAL _____

ADDRESS _____

SIGNATURES

SUPERVISOR'S SIGNATURE _____

DATE _____

REVIEWED BY _____

DATE _____