

# 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