

Supervisor Report

Board of Education

Please Circle: Vehicular Accident Non-Vehicular Accident Police Report Attached

Name of Injured _____ Date/Time of Injury _____

Occupation _____ Dept. _____ Date of Hire _____

Nature of Injury _____

Entity Vehicle _____ Description of Damage _____

Location of Accident _____

1. What job was employee doing including tools, machine, materials or vehicle used?

2. How was employee injured?

3. What improvements should be made with method, procedure or injured's performance?

4. What was defective or in an unsafe condition?

5. If equipment, etc., was involved, where is equipment now? Please store any involved equipment for inspection purposes.

6. What equipment should be used?

7. What steps were taken to prevent similar injuries?

Supervisor's Name _____

Title: _____

Date of Report: _____