

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

School District _____ Date and time of accident _____
Employee _____ Nature of Injury/Illness _____

ACCIDENT FACTORS

What happened? _____

ACCIDENT TYPE

(Check one)

Fall-same level	Struck by	Lifting, moving	Cut/puncture
Fall-different level	Struck against	Pushing/Pulling	Burned
Caught in, on, between	Over exerted	Twisted	Trip/slip
			Other _____

ACCIDENT CAUSES

What specific act was responsible for this accident? _____

What specific condition was responsible for this accident? _____

Reasons why the unsafe act was committed and/or why did the unsafe condition existed?

Lack of knowledge/experience	Defective equipment	
Adverse weather	Failure of use proper personal protection equipment	
Improper lifting/carry	Housekeeping conditions	Other _____

CORRECTIVE ACTION

What do you suggest to prevent any similar accidents?

Instructional Training	Repair	Eliminate	Motivation	Proper Placement
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Other comments: _____

Signature of Principal or Supervisor _____ Date _____

Mail original of this form and First Report of Injury to:
Sedgwick CMS - Omaha
P.O. Box 14513
Lexington, KY 40512-4513

Retain copy for your files