



SUPERVISOR'S REPORT OF ACCIDENT

SCHOOL DISTRICT INFORMATION

NAME OF SCHOOL DISTRICT

MAILING ADDRESS

DEPARTMENT

LOCATION

PHONE

EMPLOYEE DATA

FULL NAME

HOME PHONE/CELL

HOME ADDRESS

LOCATION

INJURY/MEDICAL DATA

LOSS DATE

DATE EMPLOYER NOTIFIED BY EMPLOYEE

WORKSITE LOCATION OF INJURY

TIME EMPLOYEE BEGAN WORK

TIME OF EVENT

Is the employee seasonal? ☐ YES ☐ NO

Did the employee die? ☐ YES ☐ NO

Will the employee miss more than 7 days of work? ☐ YES ☐ NO

How did the injury occur?

WITNESS INFO

BODY PART(S) INJURED

LAST DAY EMPLOYEE REPORTED TO WORK

OCCUPATIONAL AND WAGE DATA

OCCUPATION

HIRE DATE

Was employee a volunteer worker? ☐ YES ☐ NO

Did injury occur outside the US? ☐ YES ☐ NO

PREPARER INFORMATION

FULL NAME

PHONE

EMAIL

DISTRICT NAME

SIGNATURES

SUPERVISOR'S SIGNATURE

DATE

REVIEWED BY

DATE