

SUPERVISOR'S CORRECTIVE ACTION AND ACCIDENT INVESTIGATION REPORT

INSTRUCTIONS: Directions for completion of this form can be found on the reverse side . Please complete in triplicate.
Send the WHITE copy to NEFEC/RMP, the canary copy for school files and the pink copy to the district Safety Coordinator.

School District: _____ Location Code: _____ School Name: _____

1. Name of Injured Employee / Student: _____ Social Security #: _____

2. Sex: () M () F Age: _____ Date of Accident: _____ Day of Accident: _____

3. Time of Accident: _____ am pm Employee's job title: _____

4. Length of experience on job: _____ (years) | _____ (months)

5. Address of location where accident occurred: _____
On school districts premises: () yes | () no

6. Nature of injury, injury type, and part of the body affected: _____

Number of workdays lost (days away from work or school): _____

7. Describe the accident and how it occurred: _____

Attach additional sheet if more space is needed

8. Cause of the accident: _____

9. Was personal protective equipment required? () yes | () no If yes, what type was required? _____

Was it provided? () yes | () no Was it being used? () yes | () no, If "no", explain _____

Was it being used as trained by supervisor or designated trainer? () yes | () no, If no, explain _____

10. Witness(es): _____

11. Safety training provided to the injured employee? () yes | () no, If "no", explain _____

12. Corrective action recommended to prevent recurrence: _____

13. Date of report _____ 20 _____ Prepared by: _____

Supervisor (signature) _____ Date: _____

14. Safety Coordinator (signature) _____ Date: _____

15. Type of Accident (check one):

() Workers' Compensation - Name of Employee _____

() Property Loss - Describe Property Damaged or Loss _____

() Automobile and Truck - Identify Vehicle _____

() School Bus Accident - Bus Number _____

() General Liability - Claimant's Name _____

() Student Accident, Recordable - Name of Student _____