



Supervisor's Accident Report

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 Office Phone: (208) 454-0445 / Office Fax: (208) 454-0778

Please complete this form in its entirety within two days of an accident being reported to you. Forward this report, along with the Employee's Accident Report Form, to the safety coordinator at the district office.

PERTINENT INJURY/ILLNESS INFORMATION	
NAME OF INJURED/ILL EMPLOYEE:	
EMPLOYEE'S JOB TITLE:	SCHOOL:
SUPERVISOR'S SIGNATURE:	DATE OF REPORT:

ACCIDENT/ILLNESS INFORMATION	
DATE OF ACCIDENT or ONSET OF ILLNESS:	TIME OF ACCIDENT:
DATE SUPERVISOR NOTIFIED:	
ACCIDENT/ILLNESS LOCATION:	
DID EMPLOYEE RECEIVE MEDICAL ATTENTION? Yes _____ No _____	
DID EMPLOYEE RETURN TO WORK? Yes _____ No _____ Date returned: _____ Any work restrictions? Yes _____ No _____ Please attach a copy of the "Return to Work" slip provided by the attending physician.	
DESCRIBE INCIDENT/ILLNESS IN YOUR WORDS (include cause, part of body affected, pre-existing conditions, etc.):	
Body part injured before? No___ Yes___ Explain:	
Was there a pre-existing condition? No___ Yes___ Explain:	

REQUIRED ACCIDENT INVESTIGATION
1. Was employee considered on duty at time of accident?
2. What was the employee doing when accident/illness occurred?
3. Was the employee engaged in a 'required' activity?
4. Was machinery, tools, substances, or objects connected with the accident? If yes, was there any equipment malfunction? Explain:
5. What can be done to keep this type of injury from happening again?
6. If this is a student altercation and the student is on an IEP or 504 plan, does this event warrant convening an IEP planning team meeting? If so, please contact Mert Burns, Special Services.
OTHER COMMENTS: (Please use back of form.)