

QUINCY SCHOOL DISTRICT #144

Supervisor Statement and Accident Investigation Report Form For: _____
(Employee Name)

SUPERVISOR'S STATEMENT:

1. Supervisor's Name: _____ Date: _____ Time: _____ Location: _____

3. Did anyone witness the accident? _____ Name(s): _____

4. Did this accident require a) First-Aid _____ b) Doctor's Treatment _____ c) Time Loss _____

6. What was the cause of this accident?: Unsafe Act(s) _____ Unsafe Condition(s) _____
Other(specify) _____

7. Has this employee been properly trained in the job he/she was performing? _____

8. Was the employee given a list of his/her responsibilities as described in the employee accident report form? _____

INVESTIGATION REPORT:

TO BE COMPLETED BY THE SUPERVISOR AND A MEMBER OF THE SAFETY COMMITTEE FROM AN ON SITE INSPECTION

1. Where did this accident occur? _____

2. What was the specific cause of this accident? _____

3. Has this been a cause of accidents to this or other employees? _____
If **YES**, then list occurrences: _____

What corrective measures were taken? _____

If **NO**, what corrective measures will be taken?: _____

4. Has this employee had other reported accidents? **Yes** **No** If Yes, list each previous accident: _____

5. Are there any similarities between this accident and any previous accidents to this employee? _____

6. What can be done to prevent other similar accidents? _____

Supervisor's Signature

Safety Committee Member's Signature