



## CONEJO VALLEY UNIFIED SCHOOL DISTRICT SUPERVISOR'S REPORT OF ACCIDENT

*TO BE COMPLETED BY SUPERVISOR AFTER INVESTIGATING ACCIDENT  
FOR INTERNAL USE ONLY*

***Supervisor's Instructions:*** The information on this form is confidential, and must be completed by the employee's supervisor or designee. Please complete this form after investigation of the incident. If more space is needed for any question, please continue on the reverse side of the form.

<u><b>Employee Information</b></u>			
Employee Name	a.m	Job Title	Work Location
Date of Injury	Time of Injury	Date Supervisor Notified of Injury	Supervisor's Name
Did the employee seek medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and address of doctor			
Supervisor Signature		Date	

### **Incident Information**

Do you believe any unsafe building or working conditions may have contributed to the incident? (e.g. layout of operations, floors, platforms; defective tools, machines, materials; improper lighting, ventilation, sanitation/hygiene; unsuitable or improper protective equipment or clothing, etc.):  Yes  No

If you answered yes to the above, what steps have been taken to correct the unsafe condition? (work order, disposal of defective tools or materials, etc.)

Do you believe any housekeeping practices may have contributed to the incident:  Yes  No

**If yes, please explain:**

Do you believe the incident was due to the employee's behavior? (e.g. unsafe work practice, inexperience, untrained in procedure, incorrect use of tools or equipment, improper lifting, etc.)  Yes  No

**If yes, please explain:**

Additional Comments: