

Supervisor Report

ACSSSD Board of Education

Please Circle: Vehicular Accident Non-Vehicular Accident Police Report attached

Name of Injured: _____ Date/Time of Injury: _____
Occupation _____ Dept. _____ Date of Hire _____
Nature of Injury _____
Entity Vehicle _____ Description of Damage _____
Location of Accident _____

1. What job was employee doing including tools, machine, materials or vehicle used?

2. How was employee injured?

3. What improvements should be made with method, procedure or injurer's performance?

4. What was defective or in an unsafe condition?

5. What equipment should be used?

6. What steps were taken to prevent similar injuries?

Supervisor's Name: _____

Title: _____

Date of Report: _____