

**Rock Ridge Public Schools
Supervisor's Report of Accident**

Please complete and return to Debbie Wiirre in Human Resources or Stacie Lamppa in the Superintendent's Office ASAP. |

Employee's Name: _____

Supervisor Reported to: _____

Date of Report: _____ Department: _____

Date and Time of Incident: _____ Did Employee lose time from work: ___ Yes ___ No

Hours lost on date of accident: _____ Has Employee returned to work: ___ Yes ___ No

Job Title: _____

Give us your honest comments on questions below. We are not trying to blame anyone. Your opinion may help us prevent accident repetition.

- | | |
|----------------|--|
| ___ Yes ___ No | 1. Was injured person properly instructed in safe and efficient methods? |
| ___ Yes ___ No | 2. Did injured person violate any instructions? |
| ___ Yes ___ No | 3. Was necessary protective equipment worn? (If applicable) |
| ___ Yes ___ No | 4. Did poor housekeeping contribute to injury? |
| ___ Yes ___ No | 5. Did horseplay cause the injury? |
| ___ Yes ___ No | 6. Was it caused by something that needed repairs? |
| ___ Yes ___ No | 7. Should a guard be provided? |
| ___ Yes ___ No | 8. Did any bodily defect contribute to injury? |
| ___ Yes ___ No | 9. Was it caused by an unsafe act? |
| ___ Yes ___ No | 10. Did injured report the injury to you, the supervisor immediately? |

Accident (Describe what injured was doing at time of accident, what happened, who was involved, nature of injury, part of body affected.):

(Over)

Witness Name: _____ Witness Phone #: _____

Unsafe Acts (What did the employee or another person do incorrectly?): _____

Actions Taken: _____

Remedies: _____

Medical Care: Did employee go to doctor or hospital? Yes No Date of Initial Visit: _____

Treating Physician (Name, Address, Phone):

Hospital/Clinic (Name and Address):

As supervisor, do you feel this injury should be covered under workers compensation? Yes No

Reasons why: _____

Supervisor's Signature

Date