



Supervisor Incident Investigation Report

Our District is committed to reducing accidents and injuries. We rely on our stakeholders to provide us with a critique of incidents and recommendations for preventative measures. Please reflect on the incident that resulted in an injury or property damage or a near miss, and complete the following form so that the District may take appropriate actions to prevent future incidents. Your contribution and active participation is crucial for a reduction of incidents and a safe work environment and educational community.

This is a CONFIDENTIAL REPORT for use by District attorneys. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the District's general counsel.

1. District information, place, date, and time of incident

Date of Report: Click or tap here to enter text.		Time of Report: Click or tap here to enter text. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Location where incident occurred (street address or GPS coordinates): Click or tap here to enter text.			
City: Click or tap here to enter text.		State: Click or tap here to enter text.	ZIP code: Click or tap here to enter text.
Supervisor's name/Nature of Relationship with District (FT, PT, seasonal, student, volunteer): Click or tap here to enter text.			
Email address of Supervisor: Click or tap here to enter text.		Phone number: Click or tap here to enter text.	

2. Injured persons, if any

Last name	First name	Nature of Relationship with District (FT/PT/Seasonal/Volunteer/Student)	If FT, PT or seasonal employee, job title	Phone number
a)				
b)				

3. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of _____	<input type="checkbox"/> Incident with potential for serious injury
<input type="checkbox"/> Serious injury to _____	<input type="checkbox"/> Incident causing property damage
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Incident with potential for property damage
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Incident causing personal injury	<input type="checkbox"/> Injury requiring medical treatment beyond first aid

4. Witnesses

Last name	First name	Nature of Relationship with District (FT/PT/Seasonal/Volunteer/Student)	Phone number
a)			
b)			

5. Conditions, acts, or procedures that contributed to the incident

Describe anything, or the absence of anything, that contributed to the occurrence of the incident such as weather conditions, inattention, poor housekeeping or poor visibility, lack of PPE, use of equipment without guards, or the lack of safe work procedures. Click or tap here to enter text.

6. Description of the incident

Briefly summarize the sequence of events, contributing factors, and the resulting injury or damages, if any. Click or tap here to enter text.		
Name of person completing this form: Click or tap here to enter text.	Title: Click or tap here to enter text.	Date: Click or tap here to enter text.