

**IREDELL-STATESVILLE SCHOOLS
SUPERVISOR REPORT OF INCIDENT INVESTIGATION
(to be completed by employer only)**

Name of Employee _____ Date of Report _____

Occupation _____ School _____ Age _____ Length of Employment _____

Description of Incident: What was employee doing? What tools or equipment were being used?

Names of Witnesses/What was observed? _____

Describe extent of employee's injury _____

Date/Time employee reported incident _____

Did employee go to a doctor for treatment: _____ Doctor's name _____

Did employee go to a hospital? _____ Name of hospital _____

Did employee return to work after incident? _____ When? _____

After investigating the incident, was it caused by an unsafe act or unsafe condition?

What should be done, and by whom, to prevent this incident from recurring in the future?

What are you doing to see that corrective action is being taken?

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____

**** If an employee would like to make any statements or comments concerning the incident, please have him/her do so on a separate piece of paper, signed, dated and attached to this form.**