

FERNDALE SCHOOL DISTRICT #502 SUPERVISOR'S ACCIDENT REPORT

Employee Name (Last, First)		Date of Injury	Time of Injury AM / PM
Department/Shift	Job	How long on the job?	

Injured part(s) of body...indicate right, left, upper, lower, etc. _____

What Happened? Describe accident, near miss or situation contributing to illness.

Why Did It Happen? _____

What Should Be Done To Prevent a Future Accident?

What Have You Done? What Will You Do? What Do You Recommend Others Do?

Supervisor's Signature	Date	Reviewed by	Date
------------------------	------	-------------	------