

Supervisor's Accident Investigation Report
(Completed by Supervisor of Injured Employee and faxed to CorVel)

District		Incident Location (school)	
Injured Employee	Position	Consecutive hrs worked	How long in position?
Date of Accident	Time of Accident	Nature of Injury	
Has Employee been trained:	If so, when:		
Medical Treatment <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> EMT or Paramedic <input type="checkbox"/> Doctor or Clinic <input type="checkbox"/> Hospital			Days Lost Time?
What was the injured employee doing immediately prior to and at the time of the accident?			
How did the accident occur (brief description)?			
What unsafe conditions contributed to the accident?			
What unsafe acts contributed to the accident?			
What corrective actions can be taken to prevent recurrence?			
What corrective actions have been taken to prevent recurrence?			
Was this accident reviewed by the Safety Committee?			
Safety Committee Recommendations:			
Supervisor	Date	Reviewed by	Date