

## Minooka Community Consolidated School District #201 Staff Accident: Supervisor Report

lame of Injured:	School:	
Date of Accident:	Time of Accident:	AM / PM
Location of Accident:		
DETAILED DESCRIPTION OF ACCIDENT:		

Email completed form to <a href="mailto:mrobinson@min201.org">mrobinson@min201.org</a>

Completed By:\_\_\_\_\_\_ Date Completed:\_\_\_\_\_