Appling County School District
Supervisor's Report

Employer:	Length of Time with Current Employer:
Name of Injured:	Date of Injury:
Job Title:	Time in Position:
Home Address:	Supervisor Completing Form:
Injury Information	
Witnesses:	Witness Statement Taken (Y/N):
Nature Injury (body part affected:	Cause of Accident:
Safety training provided to the injured (Y/N)	Corrective actions taken to prevent recurrence.
Physician Chosen (Panel of Physicians)	Did the physician excuse the injured from work? If so, how long?
Did the physician give work restrictions? If so, what are the work restrictions?	Did the physician give modified work recommendations? If so, was modified work provided?
Any reason to question the accident? If so, why?	
Supervisor's Signature:	**Date:**
Please check the list below for completion.	
• First Report • Witness Statement • Physicians Appointment for injured	• Statement of Injured • Panel of Physician Form • Job Analysis (if restrictions are given)