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SUPERVISOR'S INVESTIGATION REPORT

The supervisor is required to complete the Investigation Report. Please submit the completed form to Melissa Kempf in Human Resources, kempmel@sdmfschools.org.

NAME OF INJURED EMPLOYEE	DATE
POSITION	LOCATION
DATE OF INJURY	WHERE DID THE ACCIDENT HAPPEN (Building & Room)
DESCRIPTION (DESCRIBE IN DETAIL WHAT HAPPENED - WHO, WHAT, WHERE, WHEN, WHY, HOW)	
WHAT WAS THE EMPLOYEE DOING WHEN INJURED?	
SOURCE (OBJECT INFLICTING THE INJURY)	
CORRECTIVE ACTION (WHAT STEPS HAVE/SHOULD BE TAKEN FOR PREVENTION)	

WAS THE EMPLOYEE WORKING AT A DESIGNATED JOB? YES NO

WAS THIS A LOST TIME INJURY? YES NO

DID THE EMPLOYEE SEE TREATMENT FROM A MEDICAL PROVIDER, ER OR CLINIC? YES NO

IF THIS ACCIDENT HAPPENED DUE TO DISTRICT PROPERTY (STAIRS, FURNITURE, ETC.), PLEASE PROVIDE PICTURES, A FULL DESCRIPTION OF OBJECT AND LOCATION, AND INCLUDE IT WITH THIS REPORT. FURTHER INVESTIGATION IS REQUIRED.

SUPERVISOR SIGNATURE	DATE
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