CIRCLE PUBLIC SCHOOLS
USD 375 | Thrive In 375

SUPERVISOR'S ACCIDENT REPORT

If you have any questions concerning this employee accident report, please contact Kari Killman at Kkillman@usd375.org or 316.541.2577.

ACCIDENT INFORMATION

Injured Employee Name	Date of Incident	Time of Incident	Date & Time Reported

Cause of Accident

Witness Names:

Description of Incident

Was a safety procedure violated? If yes, describe.

Accident Site Inspection & Comments

Recommendations & Comments

Supervisor Signature	Date