

POTH ISD ACCIDENT/INCIDENT REPORT (SUPERVISOR)

PRINT all information on this form. This form is to be completed by the employees **IMMEDIATE SUPERVISOR**. This packet is **TIME SENSITIVE**. If possible this form should be completed the same day that the incident occurs, **NO LATER** than 24 hours after the incident.

PERSON INVOLVED

Name of Injured Employee: _____ Job Title: _____

Phone Number: _____ Email: _____

INCIDENT

Date of incident: _____, 20____ Time: ____:____ am/pm Location: _____

Day of the Week: _____ Date/Time reported to you: _____, 20____ Time: ____:____ am/pm

What specific task was the employee assigned at the time of the incident? _____

Was the assigned task part of the employee's regular job? Yes No

If "NO", please explain: _____

Detailed description of incident (In your OWN words): _____

Did the employee do anything or fail to do anything that contributed to the injury? Yes No

If yes, please explain: _____

Specific body part(s) injured: _____

Did employee lose time from work? Yes No First date unable to report to work: _____

Has the employee returned to work? Yes No If "NO", date expected to return: _____

Were District Safety Rules violated? Yes No If "YES", was the employee counseled? Yes No

What steps will you take as supervisor to prevent future occurrences of this incident? _____

SUPERVISOR INFORMATION

Printed Name: _____ Position: _____

Phone Number: () _____ Email: _____

District Supervisor Signature

Date