



CONEJO VALLEY UNIFIED SCHOOL DISTRICT SUPERVISOR'S REPORT OF ACCIDENT

TO BE COMPLETED BY SUPERVISOR AFTER INVESTIGATING INCIDENT

Supervisor's Instructions: Employee's supervisor or designee must complete form and submit online by clicking on "Submit Form" button in upper righthand corner of this form or print/scan/email to riskmanagement@conejousd.org.

Employee Information

Employee Name _____	Job Title _____	Location of Incident _____	Assigned Work Location _____
Date of Incident _____	Time of Incident _____ a.m. _____ p.m. _____	Date Supervisor Notified of Incident _____	Supervisor's Name _____
Did the employee seek medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____			

Investigation

Date and Time of Investigation: _____

Please list witnesses: _____, _____, _____

Note building or working conditions that may have contributed to the incident? (e.g. layout of operations, floors, platforms; defective tools, machines, materials; improper lighting, ventilation, sanitation/hygiene; unsuitable or improper protective equipment or clothing, etc.):

Do steps need to be taken to correct the conditions? (work order, disposal of materials, etc.): Yes No
If yes, please explain:

Do you believe the incident was due to the employee's actions? (e.g. unsafe work practice, inexperience, untrained in procedure, incorrect use of tools or equipment, improper lifting, etc.) Yes No
If yes, please explain:

Additional Comments:

I certify that all statements and information furnished in this Statement are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Supervisor Signature

Date