

# Conejo Valley Unified School District

## Supervisor's Incident Investigation Report

**Instructions:** After an employee injury or near miss, investigate the circumstances preceding the incident to determine the primary cause(s) and the practical action that can be taken to prevent similar occurrences. Complete the form below and forward to Risk Management.

I. Base Information		
Name of Injured employee:	Date of Incident:	Time:
Time in current job:	Job:	Location of Incident:
Witness Name:	Witness is: Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Phone No.:	

II. Description of the Incident and Injury
Describe the sequence of events including the specific activity being performed and the equipment/materials (if any) being used

III. What Caused the Incident?
Factors to consider: lack of training, rushing, fatigue, distraction, improper equipment, materials, or set up/use, inadequate maintenance

IV. Corrective Action
State the practical and effective measures that can be taken to prevent a reoccurrence

V. Action Taken		
Proposed Corrective Action:		Estimated Completion Date:
<input type="checkbox"/> No action taken for the following reason:		
Investigated By: (Print)	Title:	Date:
Reviewed By: (Risk Management)	Title:	Date:

**Important: Attach additional sheets if needed. File original report in the department and send a copy to the injured employee and one to Risk Management within 24 hours of the incident date.**

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