

SUPERVISOR'S ACCIDENT INVESTIGATION

RISK MANAGEMENT

This document should be filled out by the supervisor of an employee who has experienced an on-the-job injury. The statement provided should be honest and provide as much detail as possible. Upon completion, this document should be sent to the Risk Management Specialist.

SUPERVISOR NAME: _____ **DATE:** _____

EMPLOYEE NAME: _____ **LOCATION:** _____

1. Ask the employee how the accident happened (what he/she was doing, job, task, etc.) Based on the information provided, the seriousness of the accident, or the circumstances of the accident, supervisors may need to visit and personally observe the scene of the injury. If the scene is surveyed please note any tools, equipment, materials and persons involved in the accident. Based upon the description given and/or surveyed findings, please describe what you feel happened using the lines provided below.

2. Do you feel that the injured employee contributed to this accident by either doing, or failing to do something? YES___ NO___
If yes, please explain: _____

3. Do you feel that someone or something else contributed to this accident? YES___ NO___

If yes, please explain: _____

4. What safety measures should be taken to prevent a similar occurrence of this accident (rules, training, etc.)?

SUPERVISOR SIGNATURE: _____

WASHINGTON COUNTY SCHOOL DISTRICT

WITNESS STATEMENT

RISK MANAGEMENT

This document should be filled out by an individual who either witnessed an on-the job injury or who dealt with the aftermath of a workplace accident. The statement provided should be honest and provide as much detail as possible. Upon completion, this document should be sent to the Risk Management Specialist.

WITNESS NAME: _____ **WITNESS PHONE NUMBER:** (____) _____ - _____

ACCIDENT LOCATION: _____ **ACCIDENT DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____

EMPLOYEE STATEMENT

RISK MANAGEMENT

This document should be filled out by the employee that sustained the workplace injury. The statement provided should be honest and provide as much detail as possible. Please advise, Utah law requires notice that worker's compensation fraud is a crime. Upon completion, this document should be sent to the Risk Management Specialist.

BASIC INFORMATION REGARDING THE WORKPLACE INJURY

EMPLOYEE NAME: _____ **DATE:** _____

ACCIDENT LOCATION: _____ **ACCIDENT DATE:** _____

WHAT EQUIPMENT MATERIALS OR CHEMICALS WERE BEING USED WHEN THE ACCIDENT OR ILLNESS OCCURRED?

DETAILED STATEMENT REGARDING THE WORKPLACE INJURY

EMPLOYEE SIGNATURE: _____ **DATE:** _____

WASHINGTON COUNTY SCHOOL DISTRICT