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:
the seriousness of the accident, or the circumstances of the scene of the injury. If the scene is surveyed please note as	she was doing, job, task, etc.) Based on the information provided, ne accident, supervisors may need to visit and personally observe the ny tools, equipment, materials and persons involved in the accident. gs, please describe what you feel happened using the lines provided
2. Do you feel that the injured employee contributed to this If yes, please explain:	s accident by either doing, or failing to do something? YES NO
3. Do you feel that someone or something else contributed If yes, please explain:	
4. What safety measures should be taken to prevent a simila	ar occurance of this accident (rules, training, etc.)?
SUPERVISOR SIGNATU	URE:
	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:

WASHINGTON COUNTY SCHOOL DISTRICT

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.

DATE: ACCIDENT DATE: ACCIDENT DATE: RE BEING USED WHEN THE ACCIDENT OR ILLNESS OCCURRED? T REGARDING THE WORKPLACE INJURY
RE BEING USED WHEN THE ACCIDENT OR ILLNESS OCCURRED?
T REGARDING THE WORKPLACE INJURY ===========
DATE:

WASHINGTON COUNTY SCHOOL DISTRICT