

CIP Supervisor's Investigation Report of Injury Alliance of Schools for Cooperative Insurance Programs

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The District is committed to reducing accidents and injuries. We rely on injured workers and their supervisors to provide us with a critique of the accident and recommendations for preventative measures. Please review the accident with the injured worker and complete the following form so the District can take appropriate action to prevent future incidents. Your contribution and active participation is crucial for a reduction of industrial accidents and a safe work environment.

1 Name of injured worker:	2 Date of Injury:	3 Position:
Status: Full Time Part-Time Seasonal	Volunteer 5 Accident Sit	e:
6 When were you notified?	7 By Who?	
No.		
8 Witnesses:		
Describe how the social of the instance of		
Describe how the accident/injury occurred:		
Describe any upoets conditions:		
10 Describe any unsafe conditions:		
Describe any unsafe acts:		
Describe any unsafe acts:		
12 Describe what could have been done to prevent this a	ccident:	
12		
13 Describe corrective actions taken:		
Is the employee's account of the injury consistent with	his/her job duties?	
Yes No – If No, explain:	·	
To Does the employee have any outside employment or	hobbies that may have contributed	to the effects of the injury?
15 Does the employee have any outside employment or Yes No – If Yes, explain:	nobbles that may have contributed	to the ellects of the injury?
Name of person completing this form	Title	Date