Instructions on Completing the Supervisor's Report of Accident

1. Employee to enter their social security number.
2. Employee to enter today's date.
3. Employee to enter their direct Supervisor's name and telephone number.
The Supervisor MUST be one of the following:

- **Elementary-** Brian Harker
- **High School-** Brian Wickenheiser
- **Community Education-** Melanie Rice
- **Custodial-** Tony Compo
- **Food Service-** Irene Tout

4. Employee to enter their Supervisor's phone number.
5. Employee to enter the date of Injury.
6. Employee to enter the time of the injury and circle either AM or PM.
7. Employee to enter the start time of their shift and circle either AM or PM.
8. Supervisor to enter the date the employee brought the incident to their attention.
9. Employee to enter their name in last, first, middle order.
10. Employee to check their gender (male or female).
11. Employee to check whether they are married or not (yes or no).
12. Employee to enter their house number and street address.
13. Employee to enter their home phone number (area code included).
14. Employee to enter their date of birth.
15. Employee to enter the city, state and zip code of the home address.
16. Employee to enter their occupation.
17. Employee to enter their department.
18. Employee to enter the location of the accident.
19. Employee to enter the part of the body where the injury occurred.
20. Employee to enter the nature of the accident (such as a slip, fall, strain, cut).

- If the Accident occurred Indoors – complete questions 21 through 23 and skip questions 24 through 26.
- If the Accident occurred outdoors – complete questions 24 through 26 and skip questions 21 through 23.

Accident Indoors:

21. Employee to describe the nature of activity. (Example – Walking.)
22. Employee to enter the issue. (Example – While walking into the building I slipped.)
23. Employee to list any environmental or chemical factors. (Example – N/A - The floors were dry and rug was in place.)

Accident Outdoors:

24. Employee to describe the nature of activity. (Example – Walking across the parking lot.)

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25. Employee to enter the issue. (Example – While walking across the parking lot, I slipped.)
26. Employee to enter the weather and surface conditions. (Example – N/A -The parking lot was dry.)
27. Employee to provide a detailed written statement of what happed and indicate the specific Areas of the body affected and the result of the injury.
28. Employee to circle areas on the front and back of the human outlines denoting the areas of injury. If there was a witness to the incident, the witness needs to complete boxes 29, 30 and 31.
29. If a witness was present, the witness needs to provide a detailed written statement of what happened.
30. Witness to sign their written declaration.
31. Witness to provide their phone number (area code included).
32. Supervisor to fill in whether any equipment was involved. If there was not any equipment involved, then NA needs to be checked. If equipment was involved, then the supervisor needs to answer whether the wrong tool or piece of equipment was used (yes or no) and whether there was an unsafe condition involved with the tool (yes or no).
33. The supervisor needs to denote any corrective action required if the answer to number 32 is NOT N/A.
34. The supervisor needs to check the yes or no boxes on questions related to surroundings and list corrective actions on those questioned answered with a 'yes' response. Question 34 needs to be completed regardless of the answer to question 32.
35. Supervisor to answer all questions related to Employee (employment in years; new employee and if so for how many months; new to job, if yes, explain; trained, if no, explain; employee's fault, if yes, explain; whether any or all of the following were the result of the accident and is so, how: horseplay, inattention, poor judgment, unauthorized operation, student.)
36. Supervisor to answer (yes or no) whether a procedure was associated with the task; whether it was followed correctly (yes or no, if no, explain); whether the procedure failed to prevent the accident (yes or no, if yes, explain), and any corrective actions recommended to eliminate accidents in the future.
37. The supervisor needs to answer the following questions with a yes or no and provide an explanation on the 'No' responses: Was the accident preventable?, Job properly planned and staffed?, Job properly supervised?, Similar accidents occurring in the past?
38. Supervisor to complete the entire box concerning immediate actions taken. This question deals directly with any issues noted in question 24 (Indoor environmental/chemical factors), 27 (Outdoor weather and surface conditions), 33 (Accident causes), 34 (Corrective action required), 35 (Surroundings). It is up to the Supervisor as the first responder to notify the

Instructions on Completing the Supervisor's Report of Accident

appropriate personnel to remedy any existing hazards. You must note the actions taken to remedy the hazard.

39. Supervisor to list and summarize any corrective actions for the employee to follow, if applicable.

40. Supervisor to list and summarize any corrective actions for new or modified procedures, if applicable.

41. Supervisor to list and summarize any corrective actions for training, if applicable.

42. Supervisor to list and summarize any corrective actions for equipment or tools, if applicable.

43. Supervisor to list and summarize any corrective actions for the surroundings, if applicable.

44. The employee needs to sign and date the Report of Accident.

45. The supervisor needs to sign and date the Report of Accident.

The supervisor must ensure that this report be sent to the secretary/receptionist within 24 hours of the injury. Fax the form to 218-879-6724 for expediency and follow up with the hard copy report via intercompany mail

Supervisor's Report of Accident

To be completed jointly by the Employee and Supervisor

Revised: 12/09/13

GENERAL INFORMATION - REQUIRED

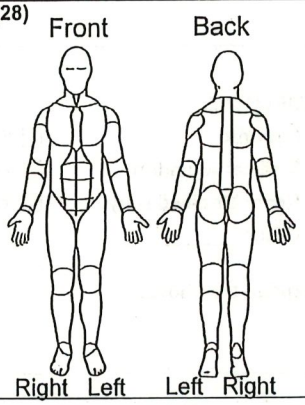
EMPLOYEE SOCIAL SECURITY NUMBER (1)	TODAY'S DATE (2)	SUPERVISOR NAME (3) & PHONE (4) (at time of injury)	
DATE OF CLAIMED INJURY (5)	TIME OF INJURY (6) AM or PM (circle)	TIME EMPLOYEE STARTED WORK ON DAY OF INJURY: (7) AM or PM (circle)	DATE REPORTED (8)
EMPLOYEE NAME (last, first, middle) (9)	GENDER: (10) ☐ Female ☐ Male	MARRIED: (11) ☐ Yes ☐ No	
HOME ADDRESS (12)	HOME PHONE NUMBER (13)	DATE OF BIRTH (14)	
CITY, STATE, ZIP CODE (15)	OCCUPATION (16)	DEPT. (17)	
LOCATION OF ACCIDENT (18)	PART OF BODY AFFECTED (19)	NATURE OF ACCIDENT (20) (i.e. - slip/fall, strain, cut)	

ACCIDENT CONDITIONS - REQUIRED

INDOORS	OUTDOORS
NATURE OF ACTIVITY (21)	NATURE OF ACTIVITY (24)
WHAT WAS THE ISSUE? (22)	WHAT WAS THE ISSUE? (25)
ENVIRONMENTAL / CHEMICAL FACTORS (23)	WEATHER & SURFACE CONDITIONS (26)

EMPLOYEE'S WRITTEN STATEMENT OF WHAT HAPPENED (Be DETAILED & indicate areas affected on body image at right) (27)

(28)



WITNESS STATEMENT OF WHAT HAPPENED (29)

Witness name: (30) Phone: (31)

ACCIDENT CAUSES

EQUIPMENT / TOOLS (32) ☐ N/A
What equipment was involved?

Was the wrong tool or piece of equipment used? ☐ Yes ☐ No

Was there an unsafe condition involved with the tool? ☐ Yes ☐ No

Corrective action required?: ☐ Repair ☐ Replace ☐ Other *(Describe below)*
Explain: (33)

SURROUNDINGS (34)

			CORRECTIVE ACTIONS RECOMMENDED
Poor Lighting?	☐ Yes	☐ No	
Poor Access?	☐ Yes	☐ No	
Poor Housekeeping?	☐ Yes	☐ No	
Poor Visibility?	☐ Yes	☐ No	
Vehicle / Eq. Involved?	☐ Yes	☐ No	

(over)

EMPLOYEE - REQUIRED (35)

Length of employment in years: _____ years

New employee? ☐ Yes ☐ No If Yes, number of months employed: ____ months

Was employee new to job? ☐ Yes ☐ No If Yes, why? _____

Was employee trained? ☐ Yes ☐ No If No, why? _____

Was employee at fault? ☐ Yes ☐ No If Yes, how? _____

Did the accident involve?:

☐ Horseplay ☐ Inattention ☐ Poor Judgment ☐ Unauthorized Operation ☐ Student

Explain answer(s) to above:

PROCEDURE (36)

Was there a procedure associated with the task at the time of the accident? ☐ Yes ☐ No

If Yes, was it being followed correctly: ☐ Yes ☐ No (If No, explain)

Did the procedure fail to prevent the accident? ☐ Yes ☐ No (If Yes, explain how)

Corrective Actions Recommended (CAR) at this time:

SUPERVISOR (37)

Do you think this was a preventable accident? ☐ Yes ☐ No (If No, explain)

Was the job properly planned and staffed? ☐ Yes ☐ No (If No, explain)

Was the job properly supervised? ☐ Yes ☐ No (If No, explain)

Have similar accidents occurred in the past? ☐ Yes ☐ No (If No, explain)

Explain / Comment:

IMMEDIATE ACTIONS TAKEN – REQUIRED (38)

EMPLOYEE:

- First Aid ☐ Yes ☐ No
- Medical Attention ☐ Yes ☐ No
- Rest / Modified Duty ☐ Yes ☐ No
- Other:_____

EQUIPMENT

- ☐ Locked-Out
- ☐ Repaired
- ☐ Replaced
- ☐ Discarded
- ☐ Other

SURROUNDINGS

- ☐ Modified
- ☐ Cleaned-up
- ☐ Posted
- ☐ Evacuated
- ☐ Other

Explain the above:

SUMMARY OF CORRECTIVE ACTIONS RECOMMENDED AT THIS TIME

EMPLOYEE: (39)

PROCEDURE: (40)

TRAINING: (41)

EQUIPMENT/TOOLS: (42)

SURROUNDINGS: (43)

ACKNOWLEDGEMENTS - REQUIRED

EMPLOYEE (44) _____ *Signature* _____ *Date*

SUPERVISOR (45) _____ *Signature* _____ *Date*