SUPERVISOR'S REPORT OF ACCIDENT

SCHOOL DISTRICT INFORMATION

Cheboygan-Otsego-Presque Isle ESD
NAME OF SCHOOL DISTRICT

6065 Learning lane, Indian River, MI 49749
MAILING ADDRESS

DIVISION | LOCATION | 231-238-9394 PHONE

EMPLOYEE INFORMATION

EMPLOYEE'S NAME: FIRST, MIDDLE, LAST

HOME ADDRESS

HOME PHONE | CELL PHONE

☐ MALE ☐ FEMALE

DATE OF BIRTH | GENDER | SOCIAL SECURITY NUMBER

OCCUPATION | DEPARTMENT

ACCIDENT INFORMATION

DATE OF ACCIDENT | TIME OF ACCIDENT ☐ A.M. ☐ P.M. | REGULAR WORK?

Describe injury: _____

Body part injured: _____

Witness info: _____

Fatality? ☐ YES ☐ NO

How did the accident happen? _____

Employment date: _____ How long on this job? _____

Detail all machine or equipment involved: _____

Specify activity employee was engaged in when accident occurred: _____

What safety words or safety equipment was in place? _____

What should be done to prevent repetition? _____

Has it been done? ☐ YES ☐ NO If not, give reason: _____

NAME OF PHYSICIAN | ADDRESS

NAME OF HOSPITAL | ADDRESS

SIGNATURES

SUPERVISOR'S SIGNATURE | DATE

REVIEWED BY | DATE