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SUPERVISOR'S INVESTIGATION REPORT

The supervisor is required to complete the Investigation Report. Please submit the completed form to Izabela Mosio in Human Resources, mosiiza@sdmfschools.org.

NAME OF INJURED EMPLOYEE	DATE
POSITION	LOCATION
DATE OF INJURY	WHERE DID THE ACCIDENT HAPPEN (Building & Room)
DESCRIPTION (DESCRIBE WHAT HAPPENED - WHO, WHAT, WHERE, WHEN, WHY, HOW)	
WHAT WAS EMPLOYEE DOING WHEN INJURED:	
SOURCE (OBJECT INFLICTING THE INJURY)	
CORRECTIVE ACTION (WHAT STEPS HAVE/SHOULD BE TAKEN FOR PREVENTION)	

WAS THE EMPLOYEE WORKING AT A DESIGNATED JOB? YES NO

WAS THIS A LOST TIME INJURY? YES NO

DID THE EMPLOYEE SEE TREATMENT FROM A MEDICAL PROVIDER, ER OR CLINIC? YES NO

SUPERVISOR SIGNATURE	DATE
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