

**\*\*\*PRINCIPAL/SUPERVISOR'S INVESTIGATION REPORT\*\*\***

Facility Name \_\_\_\_\_

NAME OF EMPLOYEE/STUDENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_ HOW LONG IN OCCUPATION \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME OF INCIDENT \_\_\_\_\_ DATE REPORTED \_\_\_\_\_

EXACT PLACE OF INCIDENT \_\_\_\_\_

NAME OF EMPLOYEE'S/STUDENT'S IMMEDIATE PRINCIPAL/SUPERVISOR \_\_\_\_\_

WHERE WAS THIS SUPERVISOR AT THE TIME OF THE INCIDENT \_\_\_\_\_

DESCRIBE THE INCIDENT: Include a diagram on the back of this form if needed. Photographs  Yes,  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE INJURY/DAMAGE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TREATMENT PROVIDED:     None                       Onsite First Aid  
    Doctor                       Hospital                      Date Admitted \_\_\_\_\_

WHAT CAUSED THE INCIDENT TO HAPPEN? (Do Not Say "Carelessness") \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CORRECTIVE ACTION YOU HAVE TAKEN TO PREVENT THIS FROM HAPPENING AGAIN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATIONS TO OTHER FACILITIES TO AVOID SIMILAR ACCIDENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT SAFETY EQUIPMENT WAS IN USE? \_\_\_\_\_

INVESTIGATED BY: \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL/SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

*Signature*

**This investigation must be completed within 24 hours of your first notification of the incident. Use the back of this form or additional sheets for supplementary information or witness statements.**