



**Risk Management Office**  
 1200 Old Decatur Road, Bldg #6  
 Fort Worth, TX 76179  
 Tel: 817-847-2960  
 Fax: 817-232-0238

## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Eagle Mountain-Saginaw Independent School District

Instructions: Supervisor's should investigate the accident as soon as it is reported by the employee, but no later than the end of the workday or shift. A copy of the investigation is to be forwarded to the Risk Management Office within 48 hours of the accident. This form is to be completed by Supervisors only.

### I. Supervisor Information

Name (First, Middle, Last)	Job Title
Campus or Department Name	Address (Street, City, State, and Zip Code)
Phone Number (Where you can be reached)	E-mail Address

### II. Injured Employee Information

Injured Worker Name (First, Middle, Last)	Job Title		
Date of Incident (mm/dd/yyyy)	Time of Incident __ am __ pm	Date Incident Reported to You (mm/dd/yyyy)	Time Incident Reported to You __ am __ pm
Location of incident (Include name of campus or facility; be specific – kitchen, classroom #, hallway #, parking lot, outside (where?))			

Did the employee seek medical treatment from a doctor or nurse?  Yes  No If no, explain below

Did the employee report any injuries?  Yes  No (List specific body parts affected)

What happened? (Describe the incident as it was reported to you)

What was the cause of the accident? (Determine the cause by analyzing all the factors concerned. If either the injured person, a machine, or other physical condition was involved; find out how and why.)

- a) Describe any unsafe acts: \_\_\_\_\_
- b) Describe any unsafe conditions: \_\_\_\_\_
- c) Fundamental cause: \_\_\_\_\_

What have you done or recommend be done to prevent a reoccurrence of this type of accident?

If any witnesses were listed in the Employee's On The Job Injury Report, each witness needs to complete the attached witness statement.

\_\_\_\_\_  
Signature of Supervisor \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Supervisor