

CLARKSVILLE ISD

EMPLOYEE ACCIDENT INVESTIGATION REPORT

Name of Injured: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Place of accident: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Describe fully how the accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in detail and indicate the part of the body affected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did the Supervisor first know of the accident? \_\_\_\_\_

\_\_\_\_\_

Describe any contributing factors: \_\_\_\_\_

\_\_\_\_\_

What has been done to prevent future incidents of similar nature? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor/Principal signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Injured Employee signature

\_\_\_\_\_  
Date

\*\*\*Return form to \_\_\_\_\_ the business office ASAP\*\*\*