

Workers Compensation Supervisor's Accident Report

School: _____ District: Greenwood Leflore Consolidated School District

School Address: _____

Injured Person: _____

School Position: PLEASE CIRCLE ONE EMPLOYEE OR STUDENT.

Date and Time of Accident: _____

Nature or Extent of injury and/or Property Damage:

Exact Location Where Accident Occurred: _____

Type of Accident: _____

Was school community member doing something other than required duties at time of accident?

If so, What and Why: _____

Description of Accident (Detail what school community member was doing, and what physical objects, tools, machines, structures of equipment were involved).

Determine accident causes and comment fully here:

What should be done and by whom to prevent reoccurrence of this type of accident.

What actions are you taking to see that this is done:

Supervisor: _____ Date of Report: _____

Employee Signature: _____ Date: _____

Principal's Signature: _____ Date: _____