

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
RISK MANAGEMENT

SUPERVISOR INVESTIGATION REPORT

Instructions: Supervisor completes and faxes this form to Risk Management at 941-927-RISK (7475) before the end of the working day on which the incident is reported. Retain a copy of the completed form for cost center documentation. Forward original to Risk Management Office, 1960 Landings Blvd., Sarasota, FL 34231. Phone (941) 927-9000 for assistance.

Employee Name _____ Employee ID No. (A#) _____

Cost Center Name/Number _____ Employee Phone Number _____

Employee Job Title _____ How long at position _____

Incident Occurred Date _____ Time _____ AM PM

Was first aid given? Yes No If yes, what type and by whom?

Was the employee sent to the hospital emergency room? If yes, where?

List all witnesses to incident:

Where did incident occur? (exact property location)

If injury occurred, describe fully.

Was employee wearing district issued protective safety equipment when the injury occurred?

Yes No

If the employee was not wearing district issued protective safety equipment, explain how that was a factor in the employee's injury?

How much working time was lost as a result of this incident?

Distribution: Original – Risk Management

Copy – Supervisor/Employee File

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Employee Name _____ Employee ID No. (A#) _____

What happened? (describe accident/event)

Why did this happen? (describe why, what, where, when, who, how)

What should be done to prevent this occurrence?

What corrective steps have been taken?

How will corrective actions improve operations?

Did you take pictures? Yes No If yes, send to Risk Management

Investigator Name (Print)

Investigator Contact Phone No.

Investigator Signature

Date

Supervisor Name (Print)

Supervisor Contact Phone No.

Supervisor Signature

Date