

**RESCUE UNION SCHOOL DISTRICT
SUPERVISOR REPORT OF EMPLOYEE INJURY**

Employee Name:	Date of Accident:	Time:
Job Title:	Date Reported:	Time:
Accident Location:		

Nature of Injury:

Did injured leave work: Yes No Date: Time:

Did injured return to work: Yes No Date: Time:

Describe how accident/injury occurred:

Names of Witnesses:

What steps have been taken to prevent a similar accident or injury?

What steps NEED to be taken to prevent a similar accident or injury?

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

Distribution: Original – Human Resources
 Copy #1 – Maintenance
 Copy #2 – Supervisor