



Supervisor's Worker's Compensation Investigation Report

1.) Name:	2.) Department Assigned:
3.) Accident Location:	4.) Date / Time:
5.) School / Department:	6.) Occupation / Job Title:
7.) Job Task:	8.) How long on the job?

9.) WHAT HAPPENED?
(Describe accident/event)

10.) WHERE DID THIS INCIDENT OCCUR?
(Use of WHY, WHAT, WHERE, WHEN, WHO, HOW)

11.) WHAT SHOULD BE DONE TO PREVENT THIS OCCURRENCE?
(Describe)

12.) WHAT CORRECTIVE STEPS HAVE BEEN TAKEN?
(Describe)

13.) HOW WILL CORRECTIVE ACTIONS IMPROVE OPERATIONS?
(Describe)

14.) DID YOU TAKE PICTURES? YES? NO?
(Please Send to Risk Manager)

Investigated by:	Phone #: ()
	Date: / /
Reviewed by:	Phone #: ()
	Date: / /

Please forward original copy to Risk Manager and maintain a copy for your file