

## Supervisor's Incident Investigation Form

(This is NOT a Workers' Compensation benefits claim form)

The injured worker must complete Part One and submit it to his/her supervisor.

The injured worker's supervisor must:

- Perform an investigation of the incident,
- Complete Part Two of this form, and
- Submit the entire report to the NEWESD 101 Risk Manager.

### Part One—To be completed by the injured employee.

Employee's Name Last: \_\_\_\_\_ First : \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employee's Home Address: \_\_\_\_\_

ZIP \_\_\_\_\_ Home Phone # \_\_\_\_\_

Gender: (M / F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 Social Security # \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

School District Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

School/Building: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor's Name and Job Title: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Date of Incident Report: \_\_\_\_\_ Reported to Whom: \_\_\_\_\_

Specific location where incident occurred: \_\_\_\_\_

Witnesses: #1 \_\_\_\_\_ Ph# \_\_\_\_\_

#2 \_\_\_\_\_ Ph# \_\_\_\_\_

Complete description of the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your injuries including body part(s) & specific injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you are injured at work and see a doctor, you must call**

**509-789-3516 or 1-800-531-4290**

**to file a claim for Workers' Compensation benefits**

Have you already filed a claim form? (This is NOT a claim form!) Yes  No

Did you miss work as a result of this incident? Yes  No

If "yes" -- List the date(s): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NEWESD 101 Workers' Compensation Cooperative

**Part Two—To be completed by the injured employee's supervisor.**

Supervisor's comments—Describe the incident in your own words: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What could have been done to prevent this incident? \_\_\_\_\_  
\_\_\_\_\_

Have all unsafe conditions been corrected? Yes  No   
If "yes" -- What has been done? \_\_\_\_\_  
\_\_\_\_\_

If "no" -- What needs to be done? \_\_\_\_\_  
\_\_\_\_\_

Have all unsafe activities been addressed? Yes  No   
If "yes" -- What has been done? \_\_\_\_\_  
\_\_\_\_\_

If "no" -- What needs to be done? \_\_\_\_\_  
\_\_\_\_\_

Has additional Personal Protective Equipment (PPE) been provided as a result of the incident? Yes  No   
List the PPE: \_\_\_\_\_  
\_\_\_\_\_

If "yes" -- Who received the additional PPE? \_\_\_\_\_  
\_\_\_\_\_

Has additional training been provided as a result of this incident? Yes  No   
If "yes" -- Who received the additional training? \_\_\_\_\_  
\_\_\_\_\_

Print Supervisor's name: \_\_\_\_\_ Position/Title \_\_\_\_\_  
Phone number \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments/notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submit this form within 48 hours after incident.**

**Mail this form to:**

Don Ebert, Risk Manager  
North East Washington ESD 101  
4202 S. Regal Street  
Spokane, WA 99223

**OR--Email the form to:**

[Riskmanager@esd101.net](mailto:Riskmanager@esd101.net)

**Provide additional copies of the completed form to:**

- Your School District Administration Office, and
- Your building's Safety Committee Chairperson