The Alliance

The Arizona School Alliance for Workers' Compensation, Inc.

Supervisor's Incident Report

Complete and submit this report to the district office within 24 hours from notice of accident.

Fatalities must be reported immediately.

Ione Address:	EMPLOYEE INFO Name:		SS#:	_ Date of Birth:	
District:	Home Address:	City:	State: Zip:	Home Phone:	
Sec: Marial Status: Single Married Diverced Dependent:: P <= note	District:		I		
Date of Filte: Reg. Shift: rmm Imm I	School/Dept:	J	ob Title:	Cell Phone:	
Employment: Pull-Time Part-Time Part-Time Part-Time Months: I I Item with mth ACCIDENT INFO Date of Injury/Illnes: Time of Event: Other On Site: YES NO Location Description (c. parking lob): Date Supervisor Notified: On Site: YES NO Date of First Transnet: Name of Clinic/Efflogilati: Still Off: Yes No Object or substance that harmed employce (i.e. student, harmer, etc): What was employce doing just before incident (he specific): ACCIDENT TYPE PART OF BODY Left Right Both Other Silio TOTP Repetitive Motion Ankike Eye Head Other Silio TOTP Repetitive Motion Ankike Foot Lage Other Inv-basised/shoke Other No preventable No preventable No preventable No preventable Did nother preventable No preventable Inspece ritual date; honolege Phone: Pre-existing heart wetkness Browney by gasted Lack of satiable PPE Lack of satiable PPE Lack of logicid date; honoledge Pre-existing heart wetkness	Sex: 🗌 Male 🗌 Female Marital Status:				
ACCIDENT INFO Date of Injury/Illness: Time of Event: AM PM Fatality: YES NO Accident Address (into an personse):	Date of Hire: Reg. Shift:	AM 🗆 PM To_	АМ 🗆 РМ Pre-employmen	tt Physical Completed : Yes No	
Location Description (ic. parking lot):	Employment: Employment	sonal 🛄 Intermittent	Months: 10 12 Other	$\mathbf{Wage: } \underline{\square hr } \mathbf{wk} \underline{\square mth}$	
Location Description (ic. parking lot):	ACCIDENT INFO Data of Lainer/Illages	Time of Eur			
Accident Address (if area nemiss):	L ocation Description (i.e. parking lot):	I ime of Eve	nt: MAM DPM	Fatality: \Box YES \Box NO	
Employee Description of Accident: Last Day of Work after Injury: Date of Return to Work: Still Off: Yes No Plone:	Accident Address (if not on premises):	Date Su	City:	State: Zin:	
Last Day of Work after Injury:	Employee Description of Accident:		City:		
Date of First Treatment:					
Date of First Treatment:					
Date of First Treatment:					
Object or substance that harmod employce (i.e. student, harmer, etc.): What was employce doing just before incident (be specific): ACCIDENT TYPE PART OF BODY Left Right Both Other Bight/Tripfall Repetitive Motion Abdomen Bath Other Both Other Bight/Tripfall Repetitive Motion Anne Pace Head Wrist Baurshead/sold/shock Assault Back Finger Knee Other Foreign body Other Other Chest Poot Lege Other INVESTIGAtion Preventable Not preventable Not preventable No Name: Winess Statement, if any: Winess Statement, if any: UNSAFE PERSONAL FACTORS Pre-existing heat weakness Pre-existing heat weakness Bardodous arangement Dak of suitable PPE Ingropert stilded Pre-existing heat weakness Bardodous anagence equipment Unclassified give details): Pre-existing heat weakness Ingropert stilded Bardodous anagence equipment Unclassified give details): Pre-existing heat weakness Ingropert stilded Bardodous anagence equipment Unclassified give detail	Last Day of Work after Injury: Date	of Return to Work:	Still Off: 🗌 Yes 🗌		
ACCIDENT TYPE PART OF BODY Left Right Both Oher ASTRINGARIAN Chemical Exposure Ankle Ear Groin Shoulder Bith TripFall Repetitive Motion Ankle Ear Hand Toe Bith TripFall Repetitive Motion Ankle Ear Hand Toe Burn-heat/scald/shock Assault Chest Frace Head Wrist Burn-heat/scald/shock Assault Chest Froot Leg Other: INVESTIGATION Preventable Other No Name: Phone: No Name: Witness Name: Witness Address: Phone: Witness Phone: Witness Phone: Witness Name: Witness Address: Witness Address: Pre-existing heart weakness Pre-existing heart Address Back of requires after Strong without subority Lack of suitable PPE Dicterive hearing Dicterive hearing Address: Witness Name: Witness dadress or apparel Dicterive hearing Dicterive hearing Appers intoxicated Back of requires after davices inopentive Lack of suitable PPE					
Abdomen □ Abdomen	Object or substance that harmed employee (i.e. stud	lent, hammer, etc):	What was employee doing just before	incident (be specific):	
Abdomen □ Abdomen					
Abdomen □ Abdomen					
Silp/Trip/Fail Chepchitive Motion Ankle Eye Hand Toe Hit by/Strack against Needle Stick Arm Face Head Wrist Burn-heat/scald/sbock Assauit Back Finger Knee Other: Burn-heat/scald/sbock Assauit Chest Foot Leg Other: INVESTIGATION Preventable Not preventable Not preventable Not mex: Phone:			BODY 📋 Left 📋 Right 🗋		
Init by/Struck against Needle Stick Arm Finger Head Wrist Burn-heat/scald/shock Assault Chest Finger Lege Other INVESTIGATION Preventable Not preventable Yes No Name:					
Laceration/puncture Vehicle Accident Back Finger Knee Other:					
Burn-heat/seal/shock Assault Chest Foot Leg Foreign body Other Not preventable Not preventable Not preventable Did another person not in company employ caused accident? Yes No Name: Address: Phone: Witness Name: Witness Address: Witness Phone: Witness Statement, if any: UNSAFE PERSONAL FACTORS Pre-existing heart weakness Bafety devices inoperative Lack of suitable PPE Improper atitude Pre-existing hernia Hazardous atrangement Unsafe dress or apparel Edetoric equiped after knowledge Pre-existing hernia Improper illumination Instaglifed (give details): Pre-existing hernia Apparas intoxicated Working operating without authority Hazardous dats, gases or fumes Defective equiped after quiped after quipe					
Foreign body Other INVESTIGATION Preventable Did another person not in company employ caused accident? Yes No Name:					
INVESTIGATION Preventable Not preventable Did another person not in company employ caused accident? Y to preventable Name:					
Did another person not in company employ caused accident? Yes No Name:					
Name:					
Witness Name: Witness Address: Witness Phone: Witness Statement, if any: Witness Statement, if any: UNSAFE CONDITION Lack of suitable PPE Improperly guarded Lack of suitable PPE Bafety devices inoperative Unsafe deces or apparel Bafety devices inoperative Defective eversight Defective eversight Opfective eversight Defective ventilation No unsafe condition Working on moving machinery Working without authority Working on dargerous quipment Using defective tools Using defective tools Distracting, teasing, or horseplay Working on dargerous quipment Using defective tools Ming at unsafe speeds Using defective tools Marking astery devices inoperable Using defective tools Marking astery devices inoperable Distracting, teasing, or horseplay Pre-job training Improve endiration or posture Failure to use personal protective equipment Require PPE Mark educition Discipline employees involved Require PPE Require PPE Warn employees involved Inprove ventilation Eliminate congestion Require Self guards Discipline employees involve	Did another person not in company employ caused	accident? Yes [No		
Witness Statement, if any: UNSAFE CONDITION Improperly guarded Lack of suitable PPE Improperly guarded Lack of required safety knowledge Bafety devices inoperative Hazardous dust, gases or funes Hazardous arrangement Unclassified (give details): Defective versight Appears intoxicated Improper vituination No unsafe condition Muscular weakness No unsafe personal factor UNSAFE ACT Working on moving machinery Working on moving machinery Working with overactive child No to following rules or instruction Working on magerous equipment Using defective tools Unsafe decision Working on anagerous equipment Using dust instead of tools Unsafe decision Working of all staff Improve elem-up process Install/revise safety guards Discipline employees involved Require SPENSION CORRECTIONS Improve enforcement Require SPP Require SPP Water and the safe of tools Using tanker eleminatic engloyees involved Inprove illumination Eliminate congestion Require SPP Water engloyees involved Require SPP Pre-job training Improve enforcement Require SPP R	Name:	Address:		Phone:	
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UNSAFE ACT		ition		🗖 No unsafo personal factor	
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Claim submitted to Alliance: Online Fax Mail Date submitted:		Pho		Ciliali	
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