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.

EMPLOYEE INFO Name: _____ SS#: _____ Date of Birth: _____
Home Address: _____ City: _____ State: ____ Zip: _____ Home Phone: _____
District: _____
School/Dept: _____ Job Title: _____ Cell Phone: _____
Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Dependents: ☐ Yes ☐ No
Date of Hire: _____ Reg. Shift: From_____ ☐ AM ☐ PM To_____ ☐ AM ☐ PM Pre-employment Physical Completed : ☐ Yes ☐ No
Employment: ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Intermittent Months: ☐ 10 ☐ 12 ☐ Other Wage: $_____ ☐ hr ☐ wk ☐ mth

ACCIDENT INFO Date of Injury/Illness: _____ Time of Event: _____ ☐ AM ☐ PM Fatality: ☐ YES ☐ NO
Location Description (i.e. parking lot): _____ Date Supervisor Notified: _____ On Site: ☐ Yes ☐ No
Accident Address (if not on premises): _____ City: _____ State: ____ Zip: _____
Employee Description of Accident:

Last Day of Work after Injury: _____ Date of Return to Work: _____ Still Off: ☐ Yes ☐ No Validity doubted: ☐ Yes ☐ No
Date of First Treatment: _____ Name of Clinic/ER/Hospital: _____ Phone: _____
Object or substance that harmed employee (i.e. student, hammer, etc): _____ What was employee doing just before incident (be specific): _____

ACCIDENT TYPE
☐ Strain/sprain ☐ Chemical Exposure
☐ Slip/Trip/Fall ☐ Repetitive Motion
☐ Hit by/Struck against ☐ Needle Stick
☐ Laceration/puncture ☐ Vehicle Accident
☐ Burn-heat/scald/shock ☐ Assault
☐ Foreign body ☐ Other_____

PART OF BODY ☐ **Left** ☐ **Right** ☐ **Both** ☐ **Other**
☐ Abdomen ☐ Ear ☐ Groin ☐ Shoulder
☐ Ankle ☐ Eye ☐ Hand ☐ Toe
☐ Arm ☐ Face ☐ Head ☐ Wrist
☐ Back ☐ Finger ☐ Knee ☐ Other: _____
☐ Chest ☐ Foot ☐ Leg _____

INVESTIGATION ☐ 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 CONDITION
☐ Improperly guarded ☐ Lack of suitable PPE
☐ Safety devices inoperative ☐ Unsafe dress or apparel
☐ Effective ☐ Hazardous dust, gases or fumes
☐ Hazardous arrangement ☐ Unclassified (give details):
☐ Improper illumination _____
☐ Improper ventilation ☐ No unsafe condition

UNSAFE PERSONAL FACTORS
☐ Improper attitude ☐ Pre-existing heart weakness
☐ Lack of required safety knowledge ☐ Pre-existing hernia
☐ Defective eyesight ☐ Appears intoxicated
☐ Defective hearing ☐ Unclassified (give details)
☐ Fatigue _____
☐ Muscular weakness ☐ No unsafe personal factor

UNSAFE ACT
☐ Working/operating without authority ☐ Handling materials incorrectly ☐ Distracting, teasing, or horseplay
☐ Working on moving machinery ☐ Working with overactive child ☐ Not following rules or instruction
☐ Working on dangerous equipment ☐ Using defective tools ☐ Unsafe decision
☐ Working at unsafe speeds ☐ Using hands instead of tools ☐ Unclassified (give details) _____
☐ Making safety devices inoperable ☐ Unsafe loading or unloading _____
☐ Taking unsafe position or posture ☐ Failure to use personal protective equipment ☐ No unsafe condition

REQUIRED CORRECTIONS
☐ Pre-job training ☐ Improve clean-up process ☐ Install/revise safety guards ☐ Discipline employees involved
☐ Retraining of all staff ☐ Improve enforcement ☐ Require PPE ☐ Warn employees involved
☐ Improve illumination ☐ Improve storage arrangement ☐ Repair/replace equipment ☐ Reinstruct employees involved
☐ Improve ventilation ☐ Eliminate congestion ☐ Require safer materials (explain) ☐ Job reassignment
☐ Improve inspection process ☐ Revise job procedure ☐ Improve design/construction ☐ Other _____

PERSONS RESPONSIBLE FOR CORRECTION **COMPLETE DATE**
_____ _____
_____ _____
_____ _____

FOLLOW UP WITH EMPLOYEE Date: _____
Comments: _____

SUPERVISOR Name: _____ Phone: _____ Email: _____
Signature: _____ Date: _____
APPROVED BY Name: _____ Phone: _____ Email: _____
Signature: _____ Date: _____
Claim submitted to Alliance: ☐ Online ☐ Fax ☐ Mail Date submitted: _____

THIS FORM IS FOR DISTRICT USE ONLY.