

Human Resources

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Supervisor's Accident Investigation Report

This report is intended to be confidential for transmission to attorneys for the District in the event that litigation arises out of this incident.

Name of Injured: _____

Job Title of Injured: _____

Time Employee Began Work: _____ Date of Incident: _____

Are Photos Available: ☐ Yes ☐ No

Date Reported: _____ Time Reported: _____

Accident Location Address: _____

Witness:

Name: _____ Phone: _____

Name: _____ Phone: _____

Field Investigation

Time on Scene: _____ Time off Scene: _____

Exact Location of Incident:

Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.

Describe injuries / illnesses which you observed or which were described to you:

Describe shoes, clothing, or any other object that may contribute to understanding how the accident occurred:

Describe how the incident occurred; state facts, contributing factors, cite witnesses and supporting evidence:

Steps taken to prevent similar incident:

Did the employee leave work? ☐ Yes ☐ No

If yes, time left work: _____

Did employee return to work? ☐ Yes ☐ No

If yes, time returned to work: _____

Did employee seek medical care? ☐ Yes ☐ No

If yes, name of medical facility / doctor: _____ Date: _____

Supervisor's / Investigator's Signature: _____ Date: _____