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Supervisor's Accident Investigation Report Staff Member Data

All sections of this form must be completely & accurately filled out by injured staff member's supervisor.
PLEASE PRINT

Date and time of injury: _____ If known, date employee assigned to this position: _____ If known, date employee was hired: _____

Name of injured staff member: _____

Occupation of injured staff member: _____

Was employee doing his/her regular work? _____

If staff member is a teacher, list grade and/or subject taught: _____

What body part did staff member injure (indicate left or right)? _____

What was the nature of the injury (strain, fracture, cut, etc.)? _____

What other body part did staff member injure (left or right)? _____

What was the nature of the other injury (strain, fracture, cut, etc.)? _____

Description of Accident

Campus location of Injury/Accident: _____

Building on campus (if more than one exists): _____

Specific Room (or identify hall, stair, etc.): _____

Location within room (front of room, top of stair, etc.): _____

Describe, in detail, how the accident occurred (use additional sheets if necessary):

What material or equipment was involved? _____

Was employee working alone or with others? _____

Was any material or equipment defective? _____

Was any material or equipment improperly operated? _____

Did another person's actions contribute to this accident? _____

What environmental conditions contributed to the accident? _____

List all unsafe conditions present or unsafe acts by the injured staff member at the time of the accident/injury:

What have we done to prevent recurrence of this type of accident?

Date investigation conducted: _____

Individuals interviewed in investigation: _____

Supervisor's signature: _____

Date signed: _____