

HUNTINGTON BEACH CITY SCHOOL DISTRICT
SUPERVISOR'S INJURY INVESTIGATION REPORT
FOR WORKER'S COMPENSATION INCIDENT

NAME OF INJURED PERSON _____

JOB TITLE _____

SCHOOL/DEPT. _____ NORMAL WORK HOURS _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

NAME OF PERSON COMPLETING INVESTIGATION _____

JOB TITLE _____

WHERE DID ACCIDENT HAPPEN?(be specific) _____

WHAT WAS THE PERSON DOING WHEN ACCIDENT HAPPENED? _____

WHO WITNESSED THE ACCIDENT? _____

HOW DID THE ACCIDENT HAPPEN? _____

WHAT COULD BE DONE TO PREVENT A SIMILAR ACCIDENT? _____

DESCRIBE THE INJURY (Be specific) _____

DID THE INJURED PERSON SEEK MEDICAL TREATMENT? _____ DATE _____

NAME OF DOCTOR/CLINIC _____

NAME OF HOSPITAL OR EMERGENCY ROOM _____

DID EMPLOYEE MISS WORK? YES NO IF SO, WHEN DID INJURED EMPLOYEE LEAVE WORK? _____

SIGNATURE OF SUPERVISOR _____