

Supervisor's Incident Investigation Form

(This is **NOT** a Workers' Compensation benefits claim form)

The injured worker **must** complete Part One and submit it to his/her supervisor.

The injured worker's supervisor **must**:

- Perform an investigation of the incident,
- Complete Part Two of this form, and
- Submit the entire report to the NEWESD 101 Risk Manager.

Part One—To be completed by the injured employee.

Employee's Name Last: _____ First : _____ Middle Initial: _____

Employee's Home Address: _____

ZIP _____ Home Phone # _____

Gender: (M / F) _____ Date of Birth: _____ Last 4 Social Security # _____

Work Phone #: _____ Email: _____

School District Name: _____ Job Title: _____

School/Building: _____ Department: _____

Supervisor's Name and Job Title: _____

Date of Incident: _____ Time of Incident: _____ Day of Week: _____

Date of Incident Report: _____ Reported to Whom: _____

Specific location where incident occurred: _____

Witnesses: #1 _____ Ph# _____

#2 _____ Ph# _____

Complete description of the incident: _____

Describe your injuries including body part(s) & specific injury: _____

**If you are injured at work and see a doctor, you must call
509-789-3516 or 1-800-531-4290
to file a claim for Workers' Compensation benefits**

Have you already filed a claim form? (This is **NOT** a claim form!) Yes ☐ No ☐

Did you miss work as a result of this incident? Yes ☐ No ☐

If "yes" -- List the date(s): _____

Did you see a doctor? Yes ☐ No ☐

If yes, name, address, phone of physician/clinic: _____

Employee's Signature: _____ Date: _____

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Part Two—To be completed by the injured employee's supervisor.

Supervisor's comments—Describe the incident in your own words: _____

What could have been done to prevent this incident? _____

Have all unsafe conditions been corrected?

Yes ☐ No ☐

If "yes" -- What has been done? _____

If "no" -- What needs to be done? _____

Have all unsafe activities been addressed?

Yes ☐ No ☐

If "yes" -- What has been done? _____

If "no" -- What needs to be done? _____

Has additional Personal Protective Equipment (PPE) been provided as a result of the incident?

Yes ☐ No ☐

List the PPE: _____

If "yes" -- Who received the additional PPE? _____

Has additional training been provided as a result of this incident?

Yes ☐ No ☐

If "yes" -- Who received the additional training? _____

Print Supervisor's name: _____ **Position/Title** _____

Phone number _____ Email: _____

Supervisor's signature: _____ **Date:** _____

Additional comments/notes: _____

Submit this form within 48 hours after incident.

Mail this form to:

Don Ebert, Risk Manager
North East Washington ESD 101
4202 S. Regal Street
Spokane, WA 99223

OR--Email the form to:

Riskmanager@esd101.net

Provide additional copies of the completed form to:

- Your School District Administration Office, and
- Your building's Safety Committee Chairperson