THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
RISK MANAGEMENT

SUPERVISOR INVESTIGATION REPORT

Instructions: Supervisor is to complete and submit this form before the end of the working day on which the incident is reported. Retain a copy of the completed form for cost center documentation. Forward original to Risk Management Office, 1960 Landings Blvd., Sarasota, FL 34231. Phone 927-9000 for assistance.

Employee Name _____ Employee Phone _____

Cost Center Name _____ Cost Center Number _____

Incident occurred Date _____ Time _____ ☐ AM ☐ PM

Shift _____ Day of week _____

Employee Job Title _____ How long at position _____

Was first aid given? ☐ Yes ☐ No If yes, what type and by whom? _____

_____

Was employee sent to the hospital emergency room? ☐ Yes ☐ No If yes, where? _____

_____
Name Address

Witness(es) _____

_____

Where did incident occur (exact property location)? _____

_____

If injury occurred, describe fully _____

_____

Was the employee wearing the District issued protective safety equipment when the injury occurred? _____

If not, was it a factor in the employee's injury? _____

Equipment/action involved _____

Describe incident _____

_____

Reason(s) for incident occurring _____

_____

Corrective action(s) to prevent recurrence _____

_____

Was working time lost as a result of this incident? ☐ Yes ☐ No

_____ _____ _____
Supervisor Name Supervisor Signature Date

RET: Master, 5CY, GS1-SL 188
Dupl., OSA

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