



SUPERVISOR’S ACCIDENT/INCIDENT INVESTIGATION REPORT

CONFIDENTIAL ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE

This report is to be completed by Supervisor. This is a confidential report for transmission to and use by attorneys for Long Beach Unified School District.

1.	Site Name:		
2.	Address:		
3.	Name of injured:		4. Social Security Number:
5.	Male: Female: Other:	6. Age:	7. Date of Accident:
8.	Time of Accident: A.M. P.M.	9. Day of the Week: M T W Th F Sat. Sun	
10.	Employee’s Job Title:		
11.	Length of experience on job:	Years:	Months:
12.	Address of location where accident occurred:		
13.	Nature of Property damage, injury, injury type, and part of the body affected:		
14.	Describe the accident and how it occurred:		
15.	Root cause of the accident (Refer to Root Cause Analysis):		
16.	List any contributing factors to this incident/accident:		
	Was personal protective equipment (PPE) required?	Yes No	If “no”, explain:
	Was PPE provided?	Yes No	If “no”, explain:
	Was personal protective equipment being used?	Yes No	If “no”, explain:
	Was it being used as trained by supervisor or designated trainer?	Yes No	If “no”, explain:
17.	List Witness(es):		
18.	Was safety training provided to the injured?	Yes No	If “no”, explain:
19.	Interim corrective actions taken to prevent recurrence:		
20.	Permanent corrective action recommended to prevent recurrence:		
21.	Date of report:		
22.	Prepared by:		
23.	Supervisor (Signature):	Date:	
24.	Status and follow-up action taken by Supervisor:		