

Troup County School System
SUPERVISOR'S INCIDENT REPORT

EMPLOYEE

Address _____
City, State & Zip _____
Job Title _____

Soc. Sec. # _____
Phone _____
Department _____

INCIDENT DATA

Place of Occurrence _____
Exact Location _____
Date Reported _____

Time of Occurrence _____

Reported To _____

Did the employee return to work? Y _____ N _____ Unknown _____ If yes, date _____

Brief description of the injury/illness (burn, fracture, strain, etc) _____

Body part(s) affected (right hand, left foot, etc) _____

Witness _____

Witness _____

Treatment provided by Doctor/Emergency Room _____
Supervisor _____

School Nurse _____
Other _____ Specify _____

SUPERVISOR'S COMMENTS

Describe clearly what occurred (how, what, where, when, etc.)

In your opinion, what act/failure to act or condition(s) contributed most directly to this happening?

What actions have been or will be taken to prevent recurrence?

Supervisor Date

Administrator Date