

**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 \_\_\_\_\_  
Did the employee return to work? Y \_\_\_\_\_ N \_\_\_\_\_

Time of Occurrence \_\_\_\_\_  
Reported To \_\_\_\_\_  
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 \_\_\_\_\_