

**SUPERVISOR'S INVESTIGATION REPORT**  
NORTH SCOTT COMMUNITY SCHOOL DISTRICT  
251 East Iowa Street  
Eldridge, Iowa 52748  
(Phone) 319-285-3102 (Fax) 319-285-6075

Name of Injured Employee	Date
Job Title and Department	
Date and Time of Injury	Type of Injury
Designated Medical Treatment Center	

What was the employee doing when injured? Where did the accident happen? \_\_\_\_\_

Describe what happened: \_\_\_\_\_

What corrective steps will be done (or could be done) to prevent recurrence? \_\_\_\_\_

Do you know if the employee participates in any hobbies or activities which might contribute to this injury/illness? Yes  No  If yes, please explain \_\_\_\_\_

Do you know if the employee has any pre-existing injuries/illnesses which might contribute to this injury/illness? Yes  No  If yes, please explain \_\_\_\_\_

Was the employee working at designated job? Yes  No

Is modified duty available for the injured worker? Yes  No

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Workers' Compensation Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

**Return completed form within 24 hours of the accident to Pam at the Central Office or Fax 285-6075.**

Approved: January 22, 2001  
Reviewed: May 11, 2015  
Revised: