



SCHOOLS DEVELOPMENT AUTHORITY

**New Jersey Schools Development Authority – OCIP
Workers' Compensation
SUPERVISOR'S INCIDENT INVESTIGATION REPORT**

Project/School Name: _____ NJSDA Contract #: _____
Incident Date: _____ Time: _____ Place: _____

EMPLOYEE INFORMATION: (Complete one report for each Employee involved)	
Name:	DOB:
Address:	
Home Telephone:	Occupation:
How long was Employee performing this operation/job:	
Employer:	

INCIDENT INFORMATION:
Describe in detail how incident occurred: _____
What was Employee doing at time of incident: _____
Were activities part of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, describe further) _____
Were photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____
Name, address and phone number of all witnesses to the incident (use separate sheet if necessary): _____
Any contributing factors to incident, i.e. Equipment/tools, unsafe acts of employee, or other: _____
Did the incident result in an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, skip Injury Information Section)

INJURY INFORMATION:
Describe nature and extent of injury: _____
Was first aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No When and by whom? _____
Was injured transported via ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No When and by whom? _____
I decline medical treatment at this time: _____
Comments: _____
(Employee's Signature) _____ (Date) _____

Prepared By: _____
Company Name: _____
Supervisor's Name (Please Print) _____
Supervisor's Signature: _____
Date: _____