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? ☐ Yes ☐ No (If NO, describe further) _____
Were photos taken? ☐ Yes ☐ 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? ☐ Yes ☐ No (If NO, skip Injury Information Section)

INJURY INFORMATION:

Describe nature and extent of injury: _____
Was first aid given? ☐ Yes ☐ No When and by whom? _____
Was injured transported via ambulance? ☐ Yes ☐ No When and by whom? _____
I decline medical treatment at this time: _____
(Employee's Signature) (Date)
Comments: _____

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