

Greene County Educational Service Center

Accident Investigation Report

Name(s) of Employee(s) involved:

Location of the Accident:

Date and Time of Accident:

Date and Time of Investigation:

Witness Statements:

Was Accident Avoidable?

Suggested Measures for Avoiding Recurrence:

Signature of Staff Member Involved in Accident:

Signature of Immediate Supervisor:

Signature of Treasurer:

Signature of Assistant Superintendent:

06/01/2000