

**TRANSITIONAL WORK PROGRAM
ZANESVILLE SCHOOLS**

WITNESS STATEMENT

I, _____ DO HEREBY MAKE THE FOLLOWING STATEMENT OF MY
OWN FREE WILL AND ACCORD CONCERNING _____
WHICH OCCURRED AT _____
ON THE _____ DAY OF _____ 20____ AT _____ AM/PM.

Describe your observations:

NAME (PRINT): _____
SIGNED: _____
ADDRESS: _____
CITY: _____
STATE/ZIP: _____
DATE: _____

Note: Retain original copy. Make a copy for the witness. Send to: Treasurer

TRANSITIONAL WORK PROGRAM ZANESVILLE SCHOOLS

SUPERVISOR'S INVESTIGATION REPORT

SUPERVISOR NAME:	LOCATION:
DEPARTMENT:	<input type="checkbox"/> ACCIDENT <input type="checkbox"/> NEAR MISS <input type="checkbox"/> ILLNESS
LOCATION OF ACCIDENT (BLDG . FLOOR, STREET ETC):	DATE AND HOUR OF ACCIDENT: AM/PM
NUMBER OF PERSON(S) INJURED & THEIR NAME(S) AND/OR EXTENT OF PROPERTY DAMAGE:	
DESCRIBE IN DETAIL WHAT OCCURRED JUST BEFORE AND AT THE TIME OF THE ACCIDENT:	
DESCRIBE ANY UNSAFE CONDITION CONTRIBUTING TO ACCIDENT:	
DESCRIBE ANY UNSAFE ACT/UNSAFE WORK OR DRIVING PROCEDURE CONTRIBUTING TO THE ACCIDENT:	
SUPERVISOR: DESCRIBE WHAT ACTION HAVE YOU TAKEN OR DO YOU PROPOSE TAKING TO PREVENT A REPEAT ACCIDENT:	
SUPERVISOR'S SIGNATURE:	DATE REPORT PREPARED:
DEPT HEAD SIGNATURE :	DATE: