

TRENTON BOARD OF EDUCATION  
108 NORTH CLINTON AVE.  
TRENTON, NEW JERSEY 08609

**SUPERVISORY REPORT OF EMPLOYEE INJURY/ILLNESS**

*Please use this form to report all work-related illnesses/injuries involving staffmembers. This form should be faxed the same day of the illness/injury to: Lucia Archila-Correa, Human Resources Generalist. Any questions or concerns please call: 609-656-4900, ext. 5730 or email [lcorrea@trenton.k12.nj.us](mailto:lcorrea@trenton.k12.nj.us)*

TODAY'S DATE: \_\_\_\_\_ DATE/TIME OF ILLNESS/INJURY \_\_\_\_\_

NAME OF INJURED EMPLOYEE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

BUILDING: \_\_\_\_\_ ROOM: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SPECIFIC LOCATION OF ACCIDENT: \_\_\_\_\_

NATURE OF INJURY /ILLNESS \_\_\_\_\_

LIST ANY WITNESSES: \_\_\_\_\_

SAFETY EQUIPMENT USED: (Specify) \_\_\_\_\_

TRAINING ADEQUATE: YES \_\_\_\_\_ NO \_\_\_\_\_ ADDITIONAL TRAINING NEEDED: YES \_\_\_\_\_ NO \_\_\_\_\_

TO YOUR KNOWLEDGE HOW DID THIS INJURY/ILLNESS OCCUR: (Give specific details please) \_\_\_\_\_

IN YOUR OPINION WHAT STEPS CAN BE TAKEN TO AVOID A SIMILAR TYPE LOSS?

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

ADDITIONAL COMMENTS: (Please list below and/or on reverse side)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_