

(to be completed by
SSC Manager, Principal supervisor or designee)

MPSSupervisorInjury Follow Up

(instructions on the next page)

51. Name: _____

52. Injury date: _____

38. Injury Location: _____

PART D

After Investigation Follow Up

54. Root cause analysis: check all that apply to list items from investigation report, or any new actions that have been determined

Unsafe Acts

None, no action required

Employee acted unsafely, follow-up needed.

Unsafe Conditions

None, no action required

Conditions unsafe, follow-up needed.

System Deficiencies

None, no action required

System deficiency follow-up needed.

55. Action items from Supervisor Investigation Report

Latest status

Target date

(to be completed by

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MPSSupervisorInjury Follow up Instructions

^ h W Z s / A F O Z L O W U P I N S T R U C T I O N S (page 4)

51 -- FIRST NAME, M. INITIALS LAST NAME

52. Date the injury happened

53. Building or school name and room or area where the injury occurred

PART D

After Injury Follow up

54. Check the boxes that best describe the situation. Please fill in the details, as needed.

PART E

Actions Plans

55. Check the boxes that best describe the situation. Please fill in details, as needed.

PART F

FOLLOWUPWITHEMPLOYEE