

ACCIDENT INVESTIGATION REPORT

(Completed by Supervisor)

School District: CENTRAL CITY PUBLIC SCHOOLS Date/Time of Accident: _____ : _____ AM PM

Employee: _____ Nature of Injury/Illness _____

ACCIDENT FACTORS

What happened? _____

ACCIDENT TYPE

(Check one)

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Fall-same level | <input type="checkbox"/> Struck by | <input type="checkbox"/> Lifting, moving | <input type="checkbox"/> Cut/puncture |
| <input type="checkbox"/> Fall-different level | <input type="checkbox"/> Struck against | <input type="checkbox"/> Pushing/Pulling | <input type="checkbox"/> Burned |
| <input type="checkbox"/> Caught in, on, between | <input type="checkbox"/> Over exerted | <input type="checkbox"/> Twisted | <input type="checkbox"/> Trip/slip |
| <input type="checkbox"/> Other _____ | | | |

ACCIDENT CAUSES

What specific act was responsible for this accident? _____

What specific condition was responsible for this accident? _____

Reasons why the unsafe act was committed and/or why did the unsafe condition existed?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Lack of knowledge/experience | <input type="checkbox"/> Defective equipment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Adverse weather | <input type="checkbox"/> Failure of use proper personal protection equipment | |
| <input type="checkbox"/> Improper lifting/carry | <input type="checkbox"/> Housekeeping conditions | |

CORRECTIVE ACTION

What do you suggest to prevent any similar accidents?

- | | | | | |
|---|---------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Instructional Training | <input type="checkbox"/> Repair | <input type="checkbox"/> Eliminate | <input type="checkbox"/> Motivation | <input type="checkbox"/> Proper Placement |
|---|---------------------------------|------------------------------------|-------------------------------------|---|

Other comments: _____

Signature of Principal or Supervisor _____ **Date:** _____

Mail original of this form and First Report of Injury to:

Sedgwick CMS, Inc.

10909 Mill Valley Road, Suite 200

Omaha, NE 68154

Retain copy for your files