

Accident Investigation Report

Completed by Supervisor or Nurse

School District: _____ Date and Time of Accident: _____

Employee: _____ Nature of Injury/Illness: _____

Please describe 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 (please describe) _____ | | | |

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 exist?

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

Corrective Action:

What do you suggest to prevent 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 Supervisor or Nurse _____ Date _____