

EMPLOYEE/SUPERVISOR REPORT OF ACCIDENT/INJURY

DISTRICT _____

PART I. TO BE COMPLETED BY THE EMPLOYEE (Press Hard-Three Copies)

School _____ Department _____ Accident Date _____ Hour _____ AM/PM _____

Employee's Name _____ D.O.B. _____ Sex F / M _____ SS.# _____

Did accident occur on school premises? _____ Under School jurisdiction? _____

Where did accident occur? (be specific) _____ Shift Hours _____

To whom reported and title _____ Date Reported _____ Hour _____ AM/PM _____

Job title when injured _____ Regular work when injured? Yes _____ No _____

Description of Accident (include task being performed; step by step detail of incident; and tool, or object involved) _____

Object or activity that directly caused injury _____

Specific body part injured _____

Name(s) of witness(es) _____

Employee Signature _____ Home phone _____ Date _____

PART II. TO BE COMPLETED BY THE SUPERVISOR OR PRINCIPAL (Press hard - Three Copies)

Description of Accident _____

What caused it? Explain: (See LEGEND Below) _____

What has been or will be done to prevent future similar injuries? _____

Date action taken _____ By Whom _____

Did Injured:
Receive First Aid? Yes _____ No _____ Describe: _____
Visit Doctor? Yes _____ No _____ Name/Address _____
Emergency Care? Yes _____ No _____ Name/Location _____
Hospital? Yes _____ No _____ Name/Location _____

Comments: _____

Supervisor's Signature _____ Date _____

NOTE: Accidents just don't happen, they have causes. Please use the following list to indicate possible reasons for this accident. They are meant only as guidelines to help you in making an effective accident investigation.

LEGEND:

1. Haste or short cuts.
2. Equipment such as barrel trucks, skids, hoists, etc., provided but not used or available.
3. Goggles, respirators, masks, etc. provided but not used or available.
4. Improper or unsafe tool or equipment used, or proper tool not available.
5. Instructions or rules disregarded.
6. Inattention.
7. Action of fellow employee.
9. Improper clothing.
10. Light, ventilation.
11. Improper piling or storing.
12. Exits or emergency escapes inadequate or not provided.
13. Tools, equipment or materials scattered around.
14. Slippery floors or other surfaces.
15. Equipment ineffectively guarded.
16. Unguarded equipment.
17. Defective materials, tools or equipment.
18. Improper type or design.

DISTRIBUTION: White, District office • Yellow, Safety Committee • Pink, Claims Administrator * Goldenrod, Safety consultant • Safety Consultant clo P.O. Box 606, Capitola Ca. 95010