Eastmont School District

Accident / Investigation Report (staff)

Type of Incident: □ Injury □ Bloodborne □ Illness □ Other (specify):

Name:		Job Title:	
Date Occurred:		Time Occurred:	
Date Reported:		Time Reported:	
Location of Incident:			
Did incident occur during regular scheduled work day/time? □Yes □ No (If no, explain)			
Employee Status: □ Permanent □ Substitute □ Volunteer			

DESCRIPTION
Explain how the accident/exposure occurred: (object, activity or substance involved?)
Were unsafe acts involved? □ No □ Yes (If yes, explain)
Were unsafe conditions present? □ No □ Yes (If yes, explain)
Were there other contributing factors *(i.e., hazards, pre-existing injury)* □ No □ Yes (If yes, explain)
Was the accident caused by anyone not on employer's payroll? □ No □ Yes (If yes, explain)
Witnesses: (List names, titles, phone number)

INJURY
Body part(s) injured/exposed & type of injury/exposure: *(i.e., back strain, blood in right eye, broken left ring finger)*
Was personal protective equipment required? □ No □ Yes, Available? □ No □ Yes, Used □ No □ Yes
Describe actions and/or personal protective equipment used:
Was first aid given? □ No □ Yes (If yes, who)
Was medical treatment given? □ No □ Yes If yes, was an SIF2 form completed? □ No □ Yes
Was there any lost time from work? □ No □ Yes

CORRECTIVE ACTION
Corrective action to be taken for unsafe act: (i.e., discipline, training)
Corrective action to be taken for unsafe condition: (immediate & long term) Has the unsafe conditions been corrected? □ No □ Yes
What could have been done to prevent this accident/incident?
Other action taken?

DISPOSITION	
□ Sent back to work □ First aid required □ Sent to doctor □ Sent to hospital	
Date and time left work:	
Comments:	
SIGNATURE of employee:	Date:
SIGNATURE of supervisor:	Date:

COMPLETE AND FORWARD TO THE ADMINISTRATION OFFICE 04/2009