MOLINE COAL VALLEY SCHOOL DISTRICT

EMPLOYEE ACCIDENT REPORT

(both sides of form must be completed)

All paperwork regarding this claim must be turned in to Human Resources at Allendale as soon as possible

Name: _____ **Job Title:** _____

Last 4 digit of Social Security # _____ Birth date _____ Time employee began work _____am/pm

Hire Date _____ Employee's average weekly wages $_____

Employee's mailing address _____ City _____State ___ Zip Code _____

Accident occur on employer premises: ☐ Yes ☐ No Accident Location: _____

Date of Injury: _____Time: _____ ☐ am ☐ pm Date Reported: _____Sex: ☐ F ☐ M

Witnesses: _____ Phone# _____

Witnesses: _____ Phone# _____

Accident Description: _____

_____

_____

Did injured employee miss work? ☐ Yes ☐ No Dates: _____

If treatment was sought, where? _____

Physician name and address_____

Principal/Supervisor signature:_____Date: _____

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FOR HUMAN RESOURCES USE ONLY

Case or File # _____ Location Code _____

Employer's Name: Moline Coal-Valley School District 40 Employer's FEIN# 36 6005356

Employer's Address: 1619 – 11th Avenue, Moline, IL 61265 Self-Insured: No

Nature of Business or Service: School District

Worker's Compensation Carrier: Argent, A Division of West Bend Mutual Insurance Company
1900 S. 18th Avenue, West Bend, WI 53095

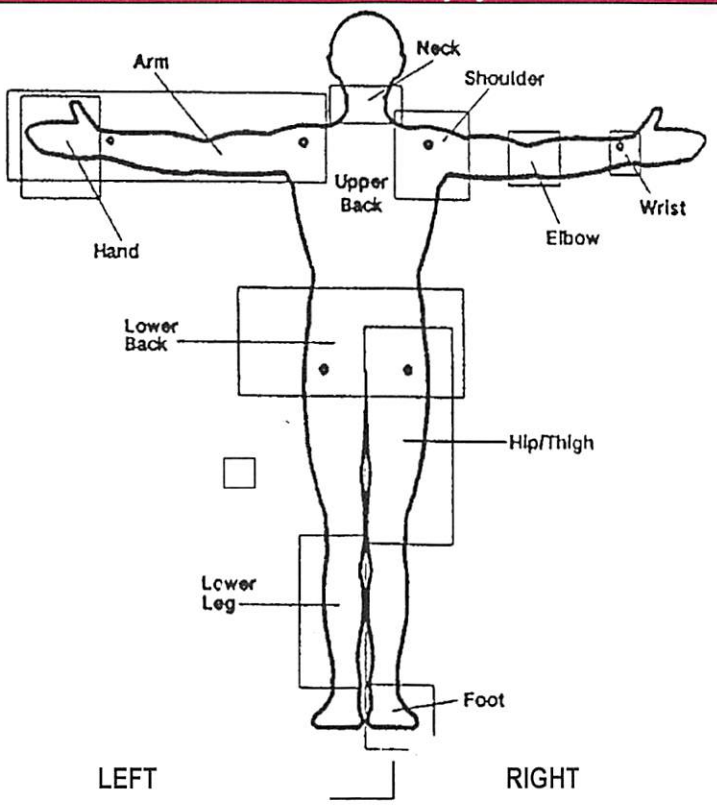
Report filed by _____ Title _____

Phone # _____

MOLINE COAL VALLEY SCHOOL DISTRICT

EMPLOYEE ACCIDENT REPORT

Please indicate the area(s) of injury/concern.

Injured Area	Indicate Area of Injury	Type of Injury
1 ☐ Head 2 ☐ Eye: L / R 3 ☐ Shoulder L / R 4 ☐ Arm L / R 5 ☐ Elbow L / R 6 ☐ Wrist L / R 7 ☐ Hand L / R 8 ☐ Finger: Specify_____ 9 ☐ Back 10 ☐ Chest 11 ☐ Abdomen 12 ☐ Pelvis 13 ☐ Hip L / R 14 ☐ Leg L / R 15 ☐ Knee L / R 16 ☐ Ankle L / R 17 ☐ Foot L / R 18 ☐ Toe: Specify _____ 19 ☐ Other: _____ _____		1 ☐ Abrasion 2 ☐ Amputation 3 ☐ Bite: _____ 4 ☐ Bruise 5 ☐ Burn 6 ☐ Concussion 7 ☐ Cut / Laceration 8 ☐ Foreign Body 9 ☐ Fracture 10 ☐ Hearing Impaired 11 ☐ Infection 12 ☐ Pain: _____ _____ 13 ☐ Puncture 14 ☐ Rash/Dermatitis 15 ☐ Respiratory 16 ☐ Strain/Sprain 17 ☐ Other: _____ _____

All paperwork regarding this claim must be turned in to Human Resources at Allendale as soon as possible.

MOLINE-COAL VALLEY SCHOOL DISTRICT

Investigation / Corrective Action Report

Principal / Supervisor's Signature: _____ Date: _____

Allendale Administrator Signature: _____ **Date:** _____

Investigation Report

Cause Of Accident:	Source
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1 ☐ Bitten by: Human / Animal 2 ☐ Caught Between / In / On 3 ☐ Contact by or with Chemical / Electricity / Other 4 ☐ Equipment Involved: _____ 5 ☐ Exposure to : _____ 6 ☐ Fall / Slip / Trip : _____ 7 ☐ Falling / Flying Object 8 ☐ Handling Materials 9 ☐ Standing on: Ladder / Step Stool / Chair 10 ☐ Struck by: _____ 11 ☐ Vehicle Accident: _____ 12 ☐ Other: _____
Corrective Action:	**Action Taken**
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1 ☐ House Keeping Improved 2 ☐ Office Arrangement Changed 3 ☐ Safety Equipment Purchased 4 ☐ Replace Furniture or Equipment 5 ☐ Training for Employee 6 ☐ Maintenance & Upkeep Plan 7 ☐ Safety Committee Referral 8 ☐ Other _____ 9 ☐ Other _____ 10 ☐ Other _____ 11 ☐ Other _____

MOLINE-COAL VALLEY SCHOOL DISTRICT

Investigation / Corrective Action Report

Person responsible for corrective actions: _____

Signature of person responsible for corrective actions: _____

Target Completion Date _____ Date Corrective Actions Completed: _____

Additional Follow Up Needed? ☐ Yes ☐ No Describe: _____

_____

_____

_____

MOLINE-COAL VALLEY SCHOOL DISTRICT

Investigation / Corrective Action Report

Slip, Trip & Fall Supplement

Additional Information to be Completed for all STF Injuries

Provide a description of what happened. (Outline the key facts of the STF event). _____

_____

_____

Consider the following items and document any that may have been contributing factors to the event.

- What job task or activity was the employee performing at the time of the incident? _____
- Location of the STF Incident: _____
- Snow/Ice Accumulation: _____
- Other Contaminants/Items on Walking Surface: _____
- Type or Condition of Footwear: _____
- Type or Condition of Walking Surface/Flooring Material: _____
- Housekeeping Issues: (Spill Cleanup Procedures, Wet Floor Signs Available, etc): _____
- Entry Mats/Rugs: _____
- Adequacy of Lighting in Area: _____
- Equipment / Tools being used: _____

MOLINE-COAL VALLEY SCHOOL DISTRICT

Investigation / Corrective Action Report

- Other Contributing Factors: _____

STF Analysis & Follow Up

Cause Analysis – Based on the review of facts and gathering of information; what are the underlying causes(s) that most contributed to the incident? _____

Trend Data Analysis – In review of other sources of data such as work comp loss runs, OSHA logs, and injury reports, describe any trends that may exist between other similar STF injuries. _____

Injured Employee – Has the injured worker had a previous fall? _____

Prevention – What actions need to be taken to prevent reoccurrence of future STF incidents? _____

Safety Team – Has the incident report been submitted to a Safety Team or Committee for review? _____

MOLINE-COAL VALLEY SCHOOL DISTRICT

Investigation / Corrective Action Report

Summarize Corrective Actions Taken:	Steps of Investigation Completed
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1 ☐ Injured employee interviewed 2 ☐ Coworkers, witnesses interviewed 3 ☐ Site of STF Incident Toured 4 ☐ Photos Taken 5 ☐ Accident Investigation Report Completed 6 ☐ Cause Analysis Completed 7 ☐ Trend Analysis Completed 8 ☐ Corrective Actions Documented & Submitted 9 ☐ Responsible Parties Contacted 10 ☐ Corrective Actions Implemented 11 ☐ Other _____ 12 ☐ Other _____

Person responsible for corrective actions: _____

Signature of person responsible for corrective actions: _____

Target Completion Date _____ Date Corrective Actions Completed: _____

Additional Follow Up Needed? ☐ Yes ☐ No Describe: _____

_____

_____

_____