

**THOMPSON SCHOOL DISTRICT  
Supervisor's Accident Review Report  
(Workers' Compensation Injury)**

<b>Injured Employee</b>	<b>School or Department</b>	<b>Supervisor</b>
<b>Date &amp; Time of Incident</b>	<b>Witness (1)</b>	<b>Witness (2)</b>
<b>Date Reported to Supervisor</b>		<b>Work Order # (if needed)</b>

**In order to achieve the District's goal of Injury-Free Workplace, it's important to understand why the accident occurred, take appropriate measures to avoid accidents in the future, and to stress SAFETY FIRST in the workplace, which includes the use of safety and protective equipment and knowing how to safely perform all tasks. Please take some time to visit with the injured employee and, if applicable, witnesses to complete this form.**

**SUMMARY** – Describe the incident (photo and/or sketch may be necessary). What happened?

**ANALYSIS** – Describe conditions and/or actions that led to the incident. What was the root cause of the accident? What else contributed to the accident? (Review and complete checklist on page two with the employee).

**EMPLOYEE'S SUGGESTIONS** – How to prevent this type of accident in the future, i.e., additional training; periodic review of equipment/system changes, etc.

**MANAGEMENT SYSTEM IMPROVEMENTS** – Describe measures, e.g. additional training, changes in safety policies, changes in operating procedures, use of personal protective equipment, etc., that will be taken to improve the system and prevent recurrence of similar incidents .

**ACTION TAKEN:**

<b>DIRECT CAUSES</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Operating equipment before being trained to use it	<input type="checkbox"/>	<input type="checkbox"/>	
Using equipment improperly	<input type="checkbox"/>	<input type="checkbox"/>	
Defective tools or equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Inadequate guards or barriers	<input type="checkbox"/>	<input type="checkbox"/>	
Safety devices removed	<input type="checkbox"/>	<input type="checkbox"/>	
Making safety devices inoperable	<input type="checkbox"/>	<input type="checkbox"/>	
Operating at improper speed	<input type="checkbox"/>	<input type="checkbox"/>	
Improper loading or overloading	<input type="checkbox"/>	<input type="checkbox"/>	
Failure to use required PPE	<input type="checkbox"/>	<input type="checkbox"/>	
Failure to use PPE properly	<input type="checkbox"/>	<input type="checkbox"/>	
Improper/inadequate PPE	<input type="checkbox"/>	<input type="checkbox"/>	
Substandard Housekeeping, i.e. clutter, items in walk ways, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Failure to follow district safety rule	<input type="checkbox"/>	<input type="checkbox"/>	
Inadequate ventilation (work order required)	<input type="checkbox"/>	<input type="checkbox"/>	
Unsafe ground conditions	<input type="checkbox"/>	<input type="checkbox"/>	
<b>UNDERLYING CAUSES</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Inadequate supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of skill	<input type="checkbox"/>	<input type="checkbox"/>	
Physical or mental stress	<input type="checkbox"/>	<input type="checkbox"/>	
Inadequate maintenance (work order required)	<input type="checkbox"/>	<input type="checkbox"/>	
Inadequate/unavailable tools/equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive wear and tear on equipment	<input type="checkbox"/>	<input type="checkbox"/>	

**Supervisor's Name:****Date:****Reviewed with employee:**  **Yes**  **No** **Employee's Signature:**

**Submit completed form to the Benefits & Risk Management Office  
within one week and make a copy for your files.**