

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
Workers' Compensation Supervisor's Accident Investigation

Please complete in as much detail as possible. Failure to complete this form may result in form being returned for additional information and/or delays in treatment for the injured employee.

Employee's Name _____ Date of Accident _____ Time of Accident _____

Work Location _____ Department _____ Supervisor _____

Time Employee reported to work on day of injury/accident _____

Supervisor Injury Reported to _____ Date Reported _____

Describe **in detail** the injury and body part injured (**e. g. laceration to right index finger –be more specific than hurt, pain or soreness**) _____

Describe accident **in detail (how it happened)** _____

Describe what object or substance directly harmed the employee (examples: "concrete floor; chlorine; radial arm saw) _____

Was this in the course of his/her regular duties? _____ If no, please explain _____

Had the employee done this job before? _____

Was this job done in accordance with safety procedures? _____ If no, please explain _____

Was safety equipment provided? _____ Was safety equipment in use? _____

Had the employee been properly trained to do this job? _____ If no, please explain _____

Was the employee in good health when reporting to work on the day of the accident? _____ If no, please explain: _____

Was there sufficient work room? _____ If no, please explain _____

Was equipment being used appropriately for the job? _____ If no, please explain _____

Was the equipment in good condition? _____

Was the injured person left-handed? _____ If yes, was the equipment in use properly designed for operation by a left-handed person? _____

Statement of witness or witnesses if applicable (attach separate sheet if necessary) _____

What was employee doing just prior to the accident? (*Describe the activity, as well as the tools, equipment or materials employee was using. **Be specific***) _____

Recommendation to avoid future accidents such as this one. _____

Probable cause:

_____ Unsafe conditions _____ Housekeeping Conditions _____ Faulty Machine

_____ Unsafe act _____ Other than employee _____ Employee Carelessness

Additional notes and recommendations _____

Supervisor's Signature _____

Date _____