VISALIA UNIFIED SCHOOL DISTRICT
Injury Incident Investigation Report
To be completed by Employee and Supervisor

Employee Name *(First, Middle, Last)*	Emp I.D.#	Job Title	Work Site of Employee	Hrs per Day

Date of Accident	Location Where Injury Incident Occurred (Site Name)	Work Start Time	Time of Accident	Lost Time Beyond First Day Yes ☐ No ☐

Witnesses - Yes ☐ No ☐ Statement(s) Attached Yes ☐ No ☐	Witness Name - #1	Witness Name - #2	Secondary Job Yes No

INCIDENT TYPE (Select the most appropriate response)

- ☐ Struck Against
- ☐ Struck By
- ☐ Caught In or Between
- ☐ Fall on Same Level
- ☐ Skin Exposure
- ☐ Eye Exposure
- ☐ Fall to Different Level
- ☐ Slip or Twist (not Fall)
- ☐ Exposure to Temp. Extreme
- ☐ Exposure to Physical Agents (Noise/Radiation)
- ☐ Contact Electrical Current
- ☐ Muscular Strain
- ☐ Respiratory Exposure
- ☐ Other: (Describe) ____ ____

INCIDENT REVIEW

1. Describe the Injury and Body Part Affected (i.e., Left or right; Upper, Lower Extremities):
____
____

2. Describe How Injury Occurred and Type of Injury (i.e., burn, laceration, fracture, etc.):
____
____

SPECIFIC CAUSE ANALYSIS: (Use the listing below as an aid in identifying the factors that contributed to the accident.
(Check all that apply)

- ☐ Employee in a hurry (short cut) - perceived need
- ☐ Equipment not used, i.e., tools, ladder, material, etc.
- ☐ Proper Protection Equipment not used, i.e., eye protection, gloves, safety helmet, etc.
- ☐ Improper or unsafe tool or equipment used
- ☐ Horseplay or practical joking
- ☐ Instructions or rules disregarded
- ☐ Illness
- ☐ Inattention
- ☐ Inexperience
- ☐ Physical overexertion
- ☐ Improper body position or method of doing the work
- ☐ Act of fellow employee
- ☐ Improper clothing
- ☐ Other:____ ____ ____

MITIGATING FACTORS (Use the listing below as an aid in identifying the factors that contributed to the accident.
(Check all that apply)

- ☐ Insufficient instruction or job training
- ☐ Insufficient or poor job planning
- ☐ Rules or instruction not followed
- ☐ Confusion after communication between supervisor and employee
- ☐ Proper tools or safety gear not provided
- ☐ Inadequate inspection of tools, equipment or job
- ☐ Tools used incorrectly or improper method of doing work
- ☐ Inadequate job training by supervisor
- ☐ Circumstances not addressed in training
- ☐ Working longer hours
- ☐ Workload too heavy
- ☐ Rushing to meet deadlines
- ☐ Friendly competition
- ☐ Lack of teamwork
- ☐ Due to external factors
- ☐ Lack of help or assistance
- ☐ Procedures not developed
- ☐ Procedures not accurate
- ☐ Other:____ ____ ____

OVER ⇨

UNSAFE CONDITIONS (Use the listing below as an aid in identifying the factors that contributed to the accident. (Check all that apply)

FACILITIES/EQUIPMENT
- ☐ Faulty equipment
- ☐ Equipment failure
- ☐ Defective material
- ☐ Poor design
- ☐ Corrosion/Wear
- ☐ Ergonomic factors
- ☐ Facility layout
- ☐ New equipment
- ☐ Unguarded equipment

OTHER FACTORS
- ☐ Weather/temperature
- ☐ Improper storage or stacking
- ☐ Poor Housekeeping
- ☐ Personal protective equipment
- ☐ Known Hazard but not documented or locked
- ☐ Documented Hazard but not repaired
- ☐ Unsafe Conditions caused by others
- ☐ Conditions changed without proper communication
- ☐ Poor Lighting or Visibility
- ☐ High Noise Level
- ☐ Slippery Floors or surfaces
- ☐ Radiation
- ☐ Poor Ventilation
- ☐ Physical overexertion
- ☐ Exposure to chemical(s)
- ☐ Change in procedures or materials
- ☐ Other:____

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____

ROOT CAUSE OF INJURY OR INCIDENT – PROVIDE DETAILED INFORMATION FOR FOLLOWING:

1. What was the unsafe condition (if any)?
2. Why did it exist?
3. Was a District Safety Policy/rule overlooked/ignored or unknown at the time of the incident (please describe in detail)?
4. What was the unsafe act?
5. Why was the unsafe act performed?

CORRECTIVE ACTION – PROVIDE DETAILED INFORMATION FOR FOLLOWING:

1. Explain how to eliminate the hazard.
2. What type of training is needed?
3. To prevent a reoccurrence, what preventive measures have been taken?

Print Employee Name	Signature	Date
Print Name of Person Completing this Report	Signature	Date

SUPERVISOR'S NARRATIVE (If Applicable):

Signature of Supervisor

Date