



CASWELL COUNTY SCHOOLS

Accident Investigation Report

Date: _____

Completed by: _____

I. GENERAL INFORMATION

Employee Name _____ Job Title _____

Date of Occurrence _____ Time _____ A.M./ P.M.

Location of Occurrence (Be Specific) _____

II. DESCRIPTION OF INJURY OR ILLNESS

Nature of Injury _____ (Body parts affected)

Medical Treatment Provided? Yes _____ No _____

Date of First Treatment _____

Type of Treatment:

Physician/ Hospital Authorized by Employer? Yes _____ No _____

Name of Treatment Facility _____

III. DESCRIPTION OF INCIDENT

How did it occur? Why? Objects, tools, equipment used?

Circumstances? Assigned Duties?

Injured Employee's description of occurrence _____

Witnesses Names and Account of Incident if applicable:

1. _____

Signature: _____

2. _____

Signature: _____

IV. ANALYSIS

Accident caused by Unsafe Act? _____ Unsafe Condition? _____

If so, please describe _____

V. PREVENTATIVE and/or CORRECTIVE ACTION

Steps needed to prevent re-occurrence _____

