SAFETY PROGRAM/RISK MANAGEMENT:
ACCIDENT PREVENTION AND REPORTS
CKB (REGULATION)

EMERGENCY INFORMATION FORM FOR EMPLOYEES

Principals will require all employees to complete an emergency information form (Exhibit A). The employee will be responsible for updating the information on the form.

INCIDENT INVESTIGATION – EMPLOYEES

If an employee is injured in an incident at school, a first report of injury will be completed and forwarded to the Superintendent or designee who will determine what action has been or should be taken to prevent a similar incident. (Exhibit B)

INCIDENT / ACCIDENT REPORT FOR STUDENTS

Incidents or accidents on the school grounds or in a school building will be reported immediately to the principal. The teacher will complete the student incident/accident report (Exhibit C). The principal will investigate the circumstances surrounding each incident/accident to determine what action has been or should be taken to prevent a similar incident or accident. (See Exhibit D)

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SAFETY PROGRAM/RISK MANAGEMENT:
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EMERGENCY INFORMATION FOR DISTRICT EMPLOYEES

Employee's name _____

Address _____

Home (or nearest) phone _____

Please list the names of relatives or friends to be called in case of emergency.

1. _____
   Name Relationship Address Phone

2. _____
   Name Relationship Address Phone

In case of an accident or sudden illness, I hereby authorize a representative of Midland Independent School District to contact:

Dr. _____ Phone _____ or

Dr. _____ Phone _____ or any medical doctor available.

Signature _____

Date _____

SAFETY PROGRAM/RISK MANAGEMENT:
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INCIDENT INVESTIGATION RECORD

This form is for recordkeeping and loss control purposes. Do not send this form to TASB or to the Texas Workers' Compensation Commission (TWCC). Using this form will benefit the District in three ways:

1. Incident investigation assists the District in reducing or preventing future occupational injuries and illnesses.

2. This form requests all the information that TWCC says the District must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

3. This form is a good source of information if the District needs to complete a first report of injury. The District must file a first report of injury with its insurance carrier for each on-the-job injury.

_____

THIS INCIDENT is an _ Injury _ Disease _ Fatality _ Near-miss

Today's date _____ Date reported _____

District _____ Campus/department _____

Supervisor _____ Phone number _____

_____

Name of person involved _____

Home address _____
_____

Phone _____

Sex _____ Social Security number_____

DOB _____ Date of incident _____

Time and day of incident ____ a.m. ___ p.m. Day of week _____

Specific location of incident _____

Was it on employer's premises? _ Yes _ No

_____

Employee's occupation _____

Employment category _ regular: full-time _ temporary _ seasonal
_ regular: part-time _ nonemployee

Length of service _____ years _____ months

Experience in occupation at time of incident
_ less than 1 month _ 1 to 5 months _ 6 months to 1 year
_ 1 to less than 5 yrs. _ 5 or more years

Job task at time of incident _____

Employee was working _ alone _ with fellow workers _ Other

Phase of employee's workday at time of injury
_ During break period _ During meal period _ Working overtime
_ Entering or leaving the building _ Performing work duties _ Other

Name of employee's immediate supervisor at time of accident
_____

Witnessed accident? _ Yes _ No

Other witnesses _____
_____

Employee's wage (pay per hour) _____

Voluntary benefits paid by the employer, if any _____
_____

_____

Name and address of treating physician _____

_____

Phone _____

Name and address of hospital _____

_____

_____

Part of body injured or affected

_ Skull, scalp _ Jaw _ Abdomen _ Shoulder _ Wrist _ Knee
_ Foot _ Eye _ Neck _ Back _ Thigh _ Hand
_ Upper arm _ Toe _ Nose _ Spine _ Pelvis _ Elbow
_ Lower leg _ Ankle _ Hip _ Finger _ Mouth _ Chest
_ Forearm _ Other body part _ Other _____

_____

Nature of injury or illness

_ Puncture _ Bruise, contusion _ Skin disorder _ Burn
_ Amputation _ Muscle sprain _ Cumulative trauma disorder _ Irritation
_ Laceration _ Insect/animal bite _ Dislocation _ Abrasion
_ Hearing loss _ Heat/cold stress _ Chemical exposure _ Infection
_ Foreign body _ Muscle strain _ Other _____

_____

Disposition
_ Days away from work _____ _ Restricted workdays _____
_ Date return to work _____ Sent to _ Doctor _ Hospital

Diagnosis _____

_____

Severity _ First aid _ Medical treatment _ Lost workdays
_ Fatality _ Other specify)_____

What condition of tools, equipment, or work area contributed to incident?
_ Not applicable

_ Close clearance congestion
_ Inadequate housekeeping
_ Hazardous placement
_ Equipment failure
_ Inadequate warning system
_ Inadequate guards/barriers
_ Floors/work surfaces
_ Defective tools/equipment/vehicle
_ Inadequate ventilation
_ Illumination
_ Equipment/workstation design
_ Inadequate/improper PPE

What caused or influenced substandard conditions? _ Not applicable

_ Abuse or misuse
_ Wear and tear
_ Lack of skill
_ Improper motivation
_ Inadequate supervision
_ Inadequate maintenance
_ Improper work surfaces
_ Inadequate capacity
_ Inadequate purchasing
_ Inadequate engineering
_ Inadequate tools/equipment
_ Lack of knowledge/training

What action or inaction contributed to the incident? _ Not applicable

_ Failure to make secure
_ Nullified safety/control devices
_ Horseplay/distractive action
_ Used equipment improperly
_ Unauthorized actions
_ Improper loading
_ Improper position
_ Running/rushing/acting in haste
_ None
_ Under influence drugs/alcohol
_ Used defective equipment
_ Operating at improper speed
_ Improper lifting
_ Used wrong tool/equipment
_ Improper technique
_ Servicing operating equipment
_ Operating procedure deviation
_ Other _____

Probable recurrence _ Frequent _ Occasional _ Rare

Loss severity potential _ Major _ Serious _ Minor

Preventive measures: (What corrective actions have been taken or are planned to prevent a recurrence?

_ Improve enforcement
_ Rotation of employee
_ Eliminate congestion
_ Improve illumination
_ Identify/improve PPE
_ Corrective counseling
_ Improve cleanup procedures
_ Repair/replace equipment
_ Improve storage/arrangements
_ Improve/change work method
_ Task analysis/procedure revision
_ Install/revise guards/devices

_ Task analysis to be completed _ Improve design/construction
_ Task analysis/procedure revision _ Job reassignment of employee
_ Use other materials/supplies _ Mandatory pre-job instructions
_ Improve ventilation _ Reinstruction of employee
_ Other _____

_____

Employee's description of incident (attach sheet for additional comments)
_ Comments sheet
_____
_____

Signature of Employee _____

_____

Supervisor's description of incident (attach sheet for additional comments)
_ Comments sheet
_____
_____

Specific corrective actions or preventive measures taken

Corrective Action Taken	Person Responsible	Target Date	Date Completed
_____	_____	_____	_____
_____	_____	_____	_____

_____ _____
Supervisor's Signature Date

_____ _____
Manager's Signature Date

_____ _____
Personnel Representative's Signature Date

_____ _____
Safety Coordinator's Signature Date

SAFETY PROGRAM/RISK MANAGEMENT:
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STUDENT INCIDENT/ACCIDENT REPORT

Name of injured student _____

Address_____ Phone _____

Age _____ Sex _____ Grade _____ School _____

Place where accident occurred _____

Date _____ Time of day _____

Subject or activity during which accident occurred _____

Details of accident provided by student or witness (identify source) _____
_____
_____

Nature of injury (part of body injured) _____
_____

Witnesses _____

Teacher in charge _____ Parent notified by _____

Type of first aid given _____

Is there a signed authorization to secure emergency care on file? _ Yes _ No

_____
Signature of reporting teacher

_____
Signature of principal

SAFETY PROGRAM/RISK MANAGEMENT:
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PRINCIPAL'S INVESTIGATION OF STUDENT INCIDENT/ACCIDENT

Name of injured student _____ Grade _____ School

Be sure to include the date, the exact time, and the day of the week.

Location of accident _____
_____

Nature of the injury _____
_____

Description of incident/accident _____
_____

Corrective actions (if applicable) _____
_____

_____
Principal's signature Date

Attach additional sheets, if applicable, including witness statements and other information.

Attach a copy of the Student Incident/Accident Report (Exhibit D). Forward all material to the District's Safety Committee/Coordinator.