

# Beaufort County Schools

## Employee Report of Injury/Accident Investigation Report

Please complete in its entirety. DO NOT leave any question unanswered! (Print Legibly)

Date: \_\_\_\_\_ Completed By: \_\_\_\_\_ School Location: \_\_\_\_\_

### I. General Information

Employee Name \_\_\_\_\_ Last 4 digits SS# \_\_\_\_\_  
 Job Title \_\_\_\_\_ Date of Occurrence \_\_\_\_\_ Time \_\_\_\_\_:\_\_\_\_\_ AM/PM  
 Where injury occurred (Location) \_\_\_\_\_ Arrived at work: \_\_\_\_\_ AM/PM  
 When was supervisor notified of this injury (Date) \_\_\_\_\_

### II. Description of Incident (In Full Detail)

How did injury occur? What was employee doing when injured? Objects, tools, equipment used? Assigned Duties?

\_\_\_\_\_

\_\_\_\_\_

### III. Description of Injury or Illness

Nature of Injury \_\_\_\_\_ (i.e. strain, sprain, fractured, burn, etc.)  
 Body part(s) affected \_\_\_\_\_  Right  Left  
 Did this injury require medical treatment  Yes  No  
 Type of Treatment \_\_\_\_\_  
 Name of Physician/Hospital/Urgent Care \_\_\_\_\_  
 Will injury result in missed work days  Yes  No If so, how many \_\_\_\_\_  
 Witness Names (use separate sheet for statements, if any): \_\_\_\_\_

## ACCIDENT INVESTIGATION SECTION (To be completed by Supervisor)

**IV. Do you question the validity of this claim**  Yes  No

### V. Analysis (check as many as apply)

Accident caused by Unsafe Act?  Unsafe Condition?   
 Describe: \_\_\_\_\_

### VI. Recommended Preventive and/or Corrective Action

Steps needed to prevent re-occurrence:

CENTRAL OFFICE USE ONLY	
Employee's Signature _____	Date _____
Supervisor's Signature _____	Date _____

Emp #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_  
 Funding: \_\_\_\_\_ State \_\_\_\_\_ Fed/Local  
 OOW:  Yes  No RTW:  Yes  No

## Analysis of Factors Contributing to Cause of Accident

### Section I – Applies to All Employees (Check all that apply)

<p><b>Environment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Poor Housekeeping</li> <li><input type="checkbox"/> Poor Ventilation</li> <li><input type="checkbox"/> Floor Slippery</li> <li><input type="checkbox"/> Poor Lighting</li> <li><input type="checkbox"/> Tripping Hazard</li> </ul> <p><b>Building</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Holes in Floor</li> <li><input type="checkbox"/> Door Doesn't Function Properly</li> <li><input type="checkbox"/> Broke Glass</li> <li><input type="checkbox"/> Exposed wiring</li> <li><input type="checkbox"/> Electrical</li> <li><input type="checkbox"/> Fire</li> <li><input type="checkbox"/> Water Leak</li> </ul> <p><b>Outside Area</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hole/Crack/Loose Gravel/Rocks in Pavement</li> <li><input type="checkbox"/> Hole in Yard or Yard Hazard</li> <li><input type="checkbox"/> Cutting Hazard – Metal or Glass</li> </ul>	<p><b>Employee Factors</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inexperienced/Unskilled</li> <li><input type="checkbox"/> Insufficient Training and/or Instructions</li> <li><input type="checkbox"/> Instructions Disregarded</li> <li><input type="checkbox"/> Instructions not Enforced</li> <li><input type="checkbox"/> Used Poor Judgment</li> <li><input type="checkbox"/> Disobeyed Rules</li> <li><input type="checkbox"/> Attention Distracted</li> <li><input type="checkbox"/> Inattentive</li> <li><input type="checkbox"/> Attempted Shortcuts</li> <li><input type="checkbox"/> Was Hasty</li> <li><input type="checkbox"/> Did Not Follow Safe Working Procedures</li> </ul> <p><b>Physical/Mental Condition</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fatigued</li> <li><input type="checkbox"/> Sluggish</li> <li><input type="checkbox"/> Weak</li> <li><input type="checkbox"/> Sick</li> </ul>	<p><b>Vehicles</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Other Vehicle Involved</li> <li><input type="checkbox"/> Other Vehicle at Fault</li> <li><input type="checkbox"/> Mechanical Failure</li> <li><input type="checkbox"/> Brakes</li> <li><input type="checkbox"/> Tires</li> </ul> <p><b>Driver</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not at fault</li> <li><input type="checkbox"/> At Fault</li> <li><input type="checkbox"/> Sleepy/Inattentive</li> <li><input type="checkbox"/> Unsafe Driving Practice</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student Contributed to Accident</li> <li><input type="checkbox"/> Furniture Contributed to Accident</li> <li><input type="checkbox"/> Material Handling</li> <li><input type="checkbox"/> Chemicals Involved</li> </ul>
--	--	--

### Section II – Applies to Cafeteria, Custodial and Maintenance Employees Only (Check All That Apply)

<p><b>Personal Protective Equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PPE not Required for Task Performed</li> <li><input type="checkbox"/> PPE not used</li> <li><input type="checkbox"/> PPE not Available</li> <li><input type="checkbox"/> Proper Shoes for Application</li> <li><input type="checkbox"/> Safety Eyewear on at Time of Accident</li> <li><input type="checkbox"/> Protective Gloves on at Time of Accident</li> </ul>	<p><b>Equipment/Machinery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Machinery Problem Contributed to Accident</li> <li><input type="checkbox"/> Worn, Damaged or Improper Tool</li> <li><input type="checkbox"/> Lack of Maintenance to Equipment a Contributing Factor</li> <li><input type="checkbox"/> Fueling of Equipment Not Done Properly</li> <li><input type="checkbox"/> Man Lift Improperly Used</li> <li><input type="checkbox"/> Work was Performed from a Height</li> </ul>	<p><b>Dress</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proper Clothes Worn for the Job</li> <li><input type="checkbox"/> Proper Shoes/Boots Worn</li> </ul> <p><b>Material Handling</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lifting Contributed to the Accident</li> <li><input type="checkbox"/> Hand Truck Used</li> <li><input type="checkbox"/> Proper Lifting Practices were Followed</li> <li><input type="checkbox"/> Something Fell Causing or Contributing to Accident</li> <li><input type="checkbox"/> Assistance Needed to Make Lift</li> </ul>
---	---	--

**Witness Statement (To be provided if there is a witness):**

---



---



---



---



---

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_