

EMPLOYEE & REGISTERED VOLUNTEER INJURY/ILLNESS REPORT

Must be completed by supervisor
(See Instructions on Page 2)

**** Prior to completing this form, All locations must call the Workers' Compensation Triage Unit at 1 -800-374-4810 ****

1. Incident Details

Employee Name:	Date of Incident:	Time of Incident:
Employee Job Title:	Security camera nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Personnel Number:	Employee Department:	
School/Facility Name:	FISH # (required)/Exterior Location:	
Location Incident Occurred:	Was Workers' Compensation Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness Name(s):	Was an AED used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No
Body Part Injured:	Did the employee receive medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Describe what happened (What caused the accident/incident?)

3. Contributing Factors (What factors contributed to the incident? Only select items that apply.)

Environment:		Equipment/Materials/Ergonomic:	
<input type="checkbox"/> Ingestion/inhalation	<input type="checkbox"/> Fall different level/stairs/ladder	<input type="checkbox"/> Object lifted/handled	<input type="checkbox"/> Equipment failure
<input type="checkbox"/> Burn/scald	<input type="checkbox"/> Foreign body in eye	<input type="checkbox"/> Body mechanics/repetition/twisting	<input type="checkbox"/> Inadequate PPE
<input type="checkbox"/> Trip/fall	<input type="checkbox"/> Heat related illness	<input type="checkbox"/> Collision with an object/vehicle	<input type="checkbox"/> Caught in, under between
<input type="checkbox"/> Slip/fall	<input type="checkbox"/> Animal/insect/human bite	<input type="checkbox"/> Struck by falling/flying/rolling object	<input type="checkbox"/> Cut/puncture/scrape
<input type="checkbox"/> Exposed to substance	<input type="checkbox"/> Other (Specify in box # 2)	<input type="checkbox"/> Struck against object	<input type="checkbox"/> Other (Specify in box # 2)
Work Systems:		People/Medical:	
<input type="checkbox"/> Hazard not identified	<input type="checkbox"/> Inadequate risk assessment	<input type="checkbox"/> Procedure not followed	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Hazard not reported	<input type="checkbox"/> Inadequate controls	<input type="checkbox"/> Distraction/stress/fatigue	<input type="checkbox"/> Time/production
<input type="checkbox"/> Inadequate procedure	<input type="checkbox"/> Inadequate training/certification	<input type="checkbox"/> Altercation/workplace violence	<input type="checkbox"/> Routine change
<input type="checkbox"/> Poor work area set up/design	<input type="checkbox"/> Other (Specify in box # 2)	<input type="checkbox"/> Student behavior	<input type="checkbox"/> Other (Specify in box # 2)

4. Corrective Actions

What can be done to prevent a recurrence of this type of incident? (Be Specific. address each contributing factor selected above.)	Who is Responsible? (i.e., HFSP/PPO/Admin)	Work Order # (if applicable)	Completed?
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>

5. Supervisor Information

Supervisor Name (print):	Supervisor Signature:
Supervisor Department:	Supervisor Email:
Supervisor Job Title:	Supervisor Phone:
Date Completed:	

6. Supporting Documents

Attach all photos, diagrams, statements, or other supporting documents to the email.

Send report to EHS-HELP@browardschools.com

EMPLOYEE & REGISTERED VOLUNTEER INJURY/ILLNESS REPORT INSTRUCTIONS

Consistent with SBBC Policy # 2301 Reporting Injuries, all injuries must be reported promptly in accordance with Florida Statutes and Board Policy, Rules and Regulations. Prompt reporting, investigation and corrective follow-up of an accident or incident is essential to maintain an effective health and safety program and prevent recurrence of a similar incident. The injury or illness must be reported to the 1) Workers' Compensation Department at 1(800) 374-4810 (24 hours/7 days); and 2) employee's supervisor and/or site administrator.

Upon notification of an accident, the supervisor and/or site administrator must investigate the accident to obtain information regarding the cause and take steps to prevent a recurrence. The accident investigation should commence as soon as possible after the incident, the medical attention has been rendered and the reporting instructions have been completed. Within 24-48 hours of the incident, forward the *Employee Injury/Illness Report* and any additional information to the Environmental Health & Safety Department.

For information on reporting injuries/illnesses and how to conduct an accident investigation, please reference page 37-39 of the [BCPS Environmental Health & Safety Manual](#).

Accident Investigation by Supervisor and/or Site Administrator:

1. Incident Details
 - Provide essential details of the incident (name of the injured employee, date/time the injury occurred, type of injury, location where the injury occurred, witness information, etc.)
2. What happened?
 - Reconstruct the chain of events leading up to the incident and attempt to determine the single/multiple events causing it
 - Interview the Employee(s)
 - i. Ask employee to start from the beginning and describe what happened
 - Document all facts and observations
 - i. What happened? Where did it happen? When did it happen? What task was being performed? Who was involved? Were there any witnesses?
3. Contributing Factors
 - Inspect equipment, machinery, PPE, site conditions, procedures not followed, faulty or misuse of equipment etc. to determine cause and/or contributing factors to the incident.
 - Identify other contributing factors (e.g., lightning weather, distractions, fatigue, etc.)
4. Corrective Actions
 - Immediately correct deficiencies if possible (i.e., if equipment or machine parts are defective, immediately remove from use, add "Warning – Do Not Use" signage)
 - Call in Work Orders for items not able to be corrected by onsite staff
 - Use the [Hierarchy of Controls](#) to make recommendations for corrective action to prevent reoccurrence of the incident
5. Supervisor Information
 - Review the evidence and your report. Ensure that complete and adequate information is presented. If necessary, conduct further questioning of employee or witnesses. Sign the completed form.
 - Within 24-48 hours of the incident, send completed report to Environmental Health & Safety (EH&S) Department at EHS-HELP@browardschools.com.
6. Supporting Documents
 - Attach all photos, diagrams, statements, or other supporting documents to the report



Note: The EH&S Department may conduct an investigation in addition to, and independent of, the investigations conducted by the department, school, or other entity. All BCPS District personnel shall cooperate fully with staff from the EH&S Department, Workers' Compensation Department, or Risk Management Department during accident or incident investigations.

For questions, contact the EH&S department at 754-321-4200.

Send report to EHS-HELP@browardschools.com