

PINELLAS COUNTY SCHOOLS
EMPLOYEE INJURY INVESTIGATION

(Please Print)

To be completed by supervisor anytime medical attention is required

School/Department _____ Cost Center # _____ Today's Date _____

Name of Injured: Last _____ First _____

Age _____ Job Title _____ How Long in this Position _____

Date of Incident _____ Time _____ AM/PM Specific Location _____

Describe What Happened _____

Describe Injuries *Body Parts, Severity, etc.* _____

Environmental Factors: Lighting ☐ Bright ☐ Dim Surfaces ☐ Wet ☐ Dry Noise Level ☐ Loud ☐ Quiet

What caused the incident? Please describe all contributing factors

Tools Which Failed, Obstructions, Housekeeping, Distractions, Failure to Secure, Unsafe Actions, Clothing, Footwear, etc.

List all Personal Protective Equipment in Use _____

Witnesses

1. _____ 2. _____

Suggestion to Prevent Re-occurrence: _____

Has Safety Training Been Provided to the Injured? ☐ Yes ☐ No Explain: _____

Management Follow-up Actions: _____

Follow-up Completion Date: _____ **Safety Committee Review Date:** _____

Signature of injured person

Signature of supervisor completing this form