Lebanon SAU 88 SCHOOL DISTRICT

SAU 88 Supervisor Accident Investigation Report

I. General Information

Employee Name	Department	Start of Shift	End of Shift	Location of Incident

Job Title Time in this position: ☐ <6 mo. ☐ 6 mo. – 2 yr. ☐ > 2 yr. Overtime in past week ☐ No ☐ Yes # hours ____	Date of Incident	Date Incident Reported	Time of Incident _____ ☐ a.m. ☐ p.m.	Type of Injury Part(s) of Body Injured

☐ No care needed ☐ First Aid ☐ Emergency Room ☐ Outside Medical Provider	Did Employee Return to Work the Same Day? ☐Yes ☐No	Next Scheduled Work Day _____

II. Type of Accident

Type of Incident/Illness

☐ Slip/Trip/Fall
☐ Struck by or against an object
☐ Caught in / on / between
☐ Material handling
☐ Contact with heat / cold / chemical
☐ Repetitive motion (no specific incident)
☐ Motor Vehicle Accident
☐ Cut, laceration or puncture
☐ Foreign body / splash in the eye
☐ Other _____

III. Description

Chain of events and detail of accident (Use additional sheets if necessary)

Witness Name: _____
_____

IV. Causes (CHECK ALL THAT APPLY)

Conditions

☐ Equipment broken, poor condition
☐ Safety devices lacking / broken / altered
☐ Equipment not available
☐ Hazardous process or task
☐ Hazardous arrangement, physical set up
☐ Condition in building (i.e. floor, wall, stairs, elevator)
☐ Poor lighting
☐ Clutter
☐ Weather conditions
☐ Wet / dirty floor
☐ Other (ie: chemical, fire)
Describe: _____
☐ Other _____
_____

Acts/Behaviors

☐ Failure to follow Safety Procedures, specifically:
☐ Failure to use PPE properly
☐ Failure to obtain assistance
☐ Improper technique
☐ Improper body mechanics
☐ Improper choice of tool or equipment
☐ Improper use of equipment
☐ Inappropriate dress or footwear
☐ Failure to recognize unsafe condition
☐ Failure to respond or poor judgement in responding to an unsafe condition
☐ Performing task without adequate knowledge / failure to ask
☐ Inattention / distraction
☐ Working at unsafe speed; rushing
☐ Horseplay
☐ Other_____

V. Action Plan to Prevent Recurrence (BE SPECIFIC)

	Person responsible	Date completed
☐ Retraining (who / what / when) _____ _____		
☐ Reinforce employee accountability for safety_____		
☐ Monitoring _____		
☐ Work order / Purchase order written _____		
☐ Procedure revised _____		
☐ Referrals made_____		

Supervisor Signature:
Date:

Administrator Signature:
Date: