# THOMPSON SCHOOL DISTRICT
# Post Accident Review Report
## Workers' Compensation Injury

| Injured Employee | School or Department | Supervisor |
|---|---|---|
| | | |
| **Date & Time of Incident** | **Witness (1)** | **Witness (2)** |
| | | |
| **Date Reported to Supervisor** | | **Work Order # (if needed)** |
| | | |

To achieve the District's goal of an injury-free workplace, it is essential to understand the causes of any accidents that occur. We must take appropriate measures to prevent future incidents and prioritize safety in the workplace. This includes the proper use of safety and protective equipment as well as safely performing all tasks. Please take the time to speak with the injured employee and, if applicable, any witnesses to complete this form.

**SUMMARY** — Describe the incident (photo and/or sketch may be necessary). What happened?

**ANALYSIS** — Describe conditions and/or actions that led to the incident. What was the root cause of the accident? What else contributed to the accident? (Review and complete checklist on page two with the employee).

**EMPLOYEE'S SUGGESTIONS** — How to prevent this type of accident in the future, i.e., additional training; periodic review of equipment/system changes, etc.

**MANAGEMENT SYSTEM IMPROVEMENTS** — Describe measures, e.g. additional training, changes in safety policies, changes in operating procedures, use of personal protective equipment, etc., that will be taken to improve the system and prevent recurrence of similar incidents.

# ACTION TAKEN

| DIRECT CAUSES | YES | NO | COMMENTS |
|---|---|---|---|
| Operating equipment before being trained to use it | ■ | ■ | |
| Using equipment improperly | ■ | ■ | |
| Defective tools or equipment | ■ | ■ | |
| Inadequate guards or barriers | ■ | ■ | |
| Safety devices removed | ■ | ■ | |
| Making safety devices inoperable | ■ | ■ | |
| Operating at improper speed | ■ | ■ | |
| Improper loading or overloading | ■ | ■ | |
| Failure to use required PPE | ■ | ■ | |
| Failure to use PPE properly | ■ | ■ | |
| Improper/inadequate PPE | ■ | ■ | |
| Substandard Housekeeping, i.e. clutter, items in walk ways, etc. | ■ | ■ | |
| Failure to follow district safety rule | ■ | ■ | |
| Inadequate ventilation (work order required) | ☐ | ☐ | |
| Unsafe ground conditions | ■ | ■ | |
| **UNDERLYING CAUSES** | **YES** | **NO** | **COMMENTS** |
| Inadequate supervision | ■ | ■ | |
| Lack of knowledge | ■ | ■ | |
| Lack of skill | ■ | ■ | |
| Physical or mental stress | ■ | ■ | |
| Inadequate maintenance (work order required) | ■ | ■ | |
| Inadequate/unavailable tools/equipment | ■ | ■ | |
| Excessive wear and tear on equipment | ■ | ■ | |

| | |
|---|---|
| **Supervisor's Name:** | **Date:** |
| **Reviewed with employee: ■ Yes ■ No** | **Employee's Signature:** |

**Submit the completed form to Denise Absalom Risk Management within one week and make a copy for your records.**