

**School District of Black River Falls
Accident/Injury Report & Investigation**

Injured Party Information

Injured Party Name: _____
Last First M.I.

Employment Status: Full Time: Yes _____ Part Time _____ *N/A _____ (*Go to date of incident)

Original Hire Date: _____ Rehire Date: _____

Job Title: _____ Time in Present Position: Yrs _____ Months _____

Home Department: _____ Regular Shift Hours: _____ am/pm

Property Damage: Yes / No School District Property Yes / No Vehicle Involved: Yes / No

Supervisor at time of Occurrence: _____
Name Department Phone

Job Performing at Time of Incident: _____

Describe the work area, (including the location, configuration, equipment, housekeeping, and condition of the area.) _____

*Date of Incident: _____ Time: _____ am/pm Date Reported: _____

Location of Incident: _____

Work Related Accident, Illness, or Injury Information. (If not work related, go to ** Injured Party Statement)

Check appropriate category: This was an Accident/Injury _____ Incident _____ Illness _____

Was there any blood or body fluid exposed? Yes _____ No _____ (Attach Bloodborne Pathogens Form if yes)

Nature of Accident (check all that apply)

____ Burn _____ Chemical Burn
____ Cut/Laceration _____ Foreign Body in Eye
____ Abrasion/Scrape _____ Strain (Muscle)
____ Contusion/Bruise _____ Pain
____ Slip/Trip/Fall _____ Property Damage

Part of Body Affected

____ Eye _____ Hip _____ Head
____ Foot _____ Neck _____ Wrist
____ Arm _____ Toe _____ Leg
____ Elbow _____ Knee _____ Trunk
____ Fingers _____ Ankle _____ Shoulder
____ Back _____ Hand _____ Other

Check Which One(s) Apply:

____ Remained at Work
____ Received In House Therapy
____ Intends to see physician/Chiropractor
____ Received First Aid: Given By _____

____ Name Title Department

____ Sent to Medical Provider: _____
Name Address

Name of other Employee(s) involved or witnesses:

General Questions For Employee:

1. **What general task were you performing at the time of the accident/incident?**

2. **What specific activity were you performing at the time of the accident/incident?**

3. **What tools, equipment, or chemicals were you using at the time of the accident/incident?**

4. **What personal protective equipment, if any, were you using at the time of the accident/incident?**

5. **Were you working:** **Alone** **With other team members** **Other**

6. **Do you have any pre-existing physical conditions related to the injury/illness?**

WORK RESTRICTIONS

(Document the modified duty requirements specified by the physician including physical restrictions and duration of restrictions.)

EMPLOYEE’S UNDERSTANDING TO COMPLY

Employees recovering from work-related illnesses/injuries are expected to observe their medical restrictions and limitations at all times, both on and off the job. Any employee who disregards his/her restrictions or engages in conduct inconsistent with those restrictions will be subject to discipline, up to and including discharge, regardless of where or when such conduct occurs, particularly where such conduct may aggravate the employee’s condition and/or prolong his/her recovery, eligibility for restricted duty or absence from work.

Employee’s Signature: _____ Date: _____

** A signed copy of this page must be turned in to the _____ within 24 hours of the first report.*

Questions for the Immediate Supervisor (Or Building Administrator)

1. To your knowledge have other injuries or accidents/incidents similar to this in nature or location occurred? Yes No

A. What corrective action has been taken to prevent similar injuries from reoccurring?

2. Were photographs taken? Yes No
(If yes, by whom?)

3. Name of treating Doctor: _____

Name of treating Hospital: _____

4. Has this employee reported any accidents, incidents, or illness in the last year?

Yes _____ No _____ Date(s): _____

5. Check which ones apply:

- _____ Incident
- _____ Near Miss
- _____ Injury – No Lost Time
- _____ Injury - Lost Time
- _____ Property Damage

Root Cause Analysis Section

STEP 1: Use the listing below as an aid in identifying the factors that contributed to the accident or near miss. Check all that apply.

PROCEDURES

- None Developed
- Developed but not followed
- Developed but not trained
- Developed but not understood
- Developed but not accurate
- Developed but unable to follow

HAZARD

- Created by man
- Created by external factors
- Documented but not repaired
- Unidentified
- Identified but accepted
- Repaired but deficient repair
- Condition changed w/o proper communication
- Lack of documentation

FACILITIES/EQUIPMENT

- Faulty equipment
- Poor design
- Corrosion/Wear
- Ergonomic factors

TRAINING

- Insufficient training
- Circumstances not addressed in training
- Tool used incorrectly

OTHER FACTORS

- Weather/Temperature
- Working long hours
- Physical overexertion
- Personal protective equipment
- Improper body position

COMMUNICATION

- Insufficient planning
- Breakdown in communication between workers
- Breakdown in communication between workers & supervisors
- Breakdown in communication between work teams
- Confusion after communication

IN A HURRY

- Supervisor implied need
- Employee perceived need
- Friendly competition
- Due to external factors
- Workload too heavy
- Lack of teamwork
- Taking shortcuts

STEP 2: From areas identified above choose the major cause

- Procedures
- Facilities
- In a hurry
- Training
- Hazard
- Communication
- Other

STEP 3: Major Cause

1. WHY DID THIS HAPPEN _____

2. WHY _____

3. WHY _____

Corrective Action:

What corrective measures will be implemented to prevent recurrence and by what date will the corrective measures be implemented?

Corrective Action	Responsible Party	Target Completion Date

Immediate Supervisor's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

_____ Signature: _____ Date: _____