



Safety is No Accident

Note to Supervisor

Remember that an accident investigation is not designed to find fault or blame. Rather, it is a tool to find causes that can be controlled or eliminated.

Completing the Investigation

Try to answer these questions:

- ✓ Who was injured?
- ✓ What materials, equipment, machines or other conditions were involved?
- ✓ Why did the accident happen?
- ✓ When did the accident happen?
- ✓ Where did it happen?
- ✓ How did the accident occur?

Make Recommendations

No accident investigation is complete unless corrective action is suggested and implemented.

Follow-up

Determine and document what action has been taken on your recommendations.

Pleasant Valley School District Accident Investigation Form

Date: _____ Time: _____

Employee Name: _____ Building: _____

Position: _____ Date Employed: _____

Supervisor: _____ Department: _____

Location of Accident: _____

How long employee performing this operation? _____

Was employee instructed? Yes No
Did the accident result in an injury? Yes No

Severity of Injury: Seen by school nurse? Yes No
 First-aid only Medical treatment only Near miss
 Fatality Lost workday (away from work) Restricted duty (work or motion)

Date lost time began: _____ Date restricted time began: _____

Type of Injury:
 Fall from elevation Caught in, under or between Contact w/temp. extremes Other
 Fall on same level Rubbed or abraded Contact w/other Unknown
 Struck against Bodily reaction Public transportation accident
 Struck by Overexertion Motor vehicle accident
 Puncture Contact w/electrical current Slip

Nature of Injury:
 Abrasion Contusion Fracture Puncture Sprain Illness/Infection
 Amputation Crushed Inhalation Rash Skin Contact Prop. Damage
 Burn Foreign Body Laceration Strain Rep. Motion Other (describe)

Body Part Injured:
 Arm Face Groin Internal Organs Neck Wrist
 Back Finger Hand Leg Torso Other (describe)
 Eye Foot/feet Head Multiple Trunk

Comments:

Date of Accident: _____ Time of Accident: _____

Date reported to supervisor: _____
How did accident occur: _____

Cause of accident: _____

Witnesses

Name	Dept./Address	Phone Number
_____	_____	_____

Recommendations to prevent a recurrence: _____

Please refer to the Witness Form (attached).



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**Pleasant Valley
School District**

**Accident
Investigation
Form**

What action has been taken/planned to date? _____

Signed: _____ Dept: _____ Date: _____

Safety Committee Comments:

Endorses actions indicated above Make new or additional recommendations

Signed: _____ Date: _____

Executive

Special Orders: _____

Signed: _____ Dept.: _____ Date: _____

Additional Comments:

Diagram or Photo: