

Incident Investigation Report

The safety representative selects the injured person (employee, student, or visitor), completes, and submits this form to the Risk and Safety Manager as soon after the accident incident as possible. Attach *Student or Visitor Accident Report* or *First Report of Injury*.

| | | | | | |
|---------------------------|--------------------|----------------|-----|-------------|------------------|
| SAP/Student I.D. | Name (Last, First) | Male Female | DOB | Injury Date | Time of Accident |
| School or Department Name | | | | | |

| Injury Category | Medical Treatment | Status on Day of Investigation | Employer's Property |
|-----------------|-------------------------------------|--------------------------------|--|
| Minor | No Treatment | Absent (accident related) | Did the injury occur on employer property? |
| Moderate | First Aid Only | Absent (unrelated to accident) | Yes |
| Serious | Urgent Care | At work/school | No |
| Catastrophic | Paramedic/EMS Doctor Hospital | Unknown | |

| | | |
|-----------------------------|----------------------------------|------------------|
| Nature of Injury: | Footwear Type (if contributing): | Recommendation: |
| Cause of Accident/Incident: | Footwear Style: | Video Available: |

Accident Description (i.e. who, what, when, where, how, and why)

Contributing Factors (including actions, equipment failure, training, hazard, defect, other party involvement, etc.)
If not applicable, indicate below.



Accident Investigation Report (Continued)

Please provide the name(s), address(es), phone number(s), and e-mail(s) for any witnesses.

Witness #1:

| | | | | | |
|----------------|--|-----------|-------|----------|-------|
| First Name | | Last Name | | Email | |
| Street Address | | City | State | Zip Code | Phone |

Witness #2:

| | | | | | |
|----------------|--|-----------|-------|----------|-------|
| First Name | | Last Name | | Email | |
| Street Address | | City | State | Zip Code | Phone |

Witness #3:

| | | | | | |
|----------------|--|-----------|-------|----------|-------|
| First Name | | Last Name | | Email | |
| Street Address | | City | State | Zip Code | Phone |

Administrative/Management Comments

General Liability: Visitor or Automobile

| | | |
|-----------------------------------|-------------------------------|----------------------------|
| Battery/Mistreatment | Lack of Maintenance | Procedures |
| Bullying | Lack of Structured Activities | Ratio of Staff/Students |
| Classroom Mgt. | Lack of Supervision | Sexual Assault/Molestation |
| Defective Equipment | Negligent Hiring/Retention | Other |
| Improper use of Equip./Procedures | No Negligence/Accident | _____ |

Workers' Compensation: Employee

| | | |
|---------------------|-----------------------------------|--------------------|
| Defective Equipment | Human Error | Injured by Student |
| HR Issue | Improper Use of Equip./Procedures | Training Issue |

Was a personal item damaged during the incident? Yes No

If yes, please fill out *Reimbursement of Personal Belongings / Clothing* form located on The HUB and return to Risk Management.

Accident Investigation Report (Continued)

Management Comments/Corrective Action Recommended

Risk Management Use Only:

Theory of Liability Based on Root Cause Analysis and Recommended Action for Claim Number: _____

Risk Management Comments

Signature of Investigator

Signature of Risk Analyst

Date

Date