

ACCIDENT / INCIDENT REPORT

School District _____ Site _____

EMPLOYEE SECTION

Claim Number: _____

NAME: _____ JOB TITLE: _____

DATE OF ACCIDENT/INCIDENT: _____ DATE REPORTED: _____

TIME OF INJURY: _____ a.m./p.m. WHERE DID INCIDENT OCCUR? _____

ACCIDENT REPORTED TO WHOM: _____ TITLE: _____ PHONE: _____

WHAT WERE YOU DOING IMMEDIATELY PRECEDING THE ACCIDENT/INCIDENT? _____

DESCRIBE INCIDENT IN DETAIL: _____

TYPE OF INJURY: _____ BODY PART: _____ Right/Left

NAME(S) OF WITNESSES: _____ PHONE: _____

EMPLOYEE'S SIGNATURE: _____ PHONE: _____

*Should you wish to file a claim for Workers' Compensation benefits you have **one year from the date of incident** to file. Please see your employer for details and/or a claim submission packet. (If additional space is needed please use the back of this form or a separate sheet of paper.)*

SUPERVISOR SECTION

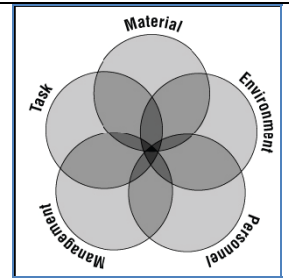
ACCIDENT INVESTIGATION

HOW TO COMPLETE THE "FIVE WHYS" OF AN ACCIDENT/INCIDENT INVESTIGATION?

STEP ONE: Meet face to face with the employee and review the accident/incident description. It will help you formalize the problem and describe it accurately and completely. Determine the main contributor or causal factors (one causal factor may lead to another).

STEP TWO: Ask **WHY** the incident occurred and write the answer down. If the answer does not identify the root cause of the incident that you wrote down, ask **WHY** again, and write down that answer.

STEP THREE: Loop back through step two until the root cause is identified. This may take fewer or more times than the indicated **five whys**. If you did not identify the root cause, your investigation is incomplete. You may refer to the back of this form for a guide to completing your analysis.



CAUSAL FACTORS OF INCIDENT/INJURY

DID YOU DO AN ONSITE INVESTIGATION? YES/NO DID YOU MEET FACE TO FACE WITH THE EMPLOYEE? YES/NO

WHAT WAS THE ROOT CAUSE? _____

WAS A WORK ORDER REQUIRED TO MITIGATE THE HAZARD? YES/NO ORDER NUMBER? _____

IF NO, WHAT ACTIONS WERE TAKEN TO CORRECT/PREVENT FUTURE, OR SIMILAR, ACCIDENTS/ INCIDENTS? _____

DATE ACTION TAKEN: _____ BY WHOM: _____

(If additional space is needed please use the back of this form or a separate sheet of paper.)

DID EMPLOYEE:
RECEIVE FIRST AID? YES NO UNKNOWN VISIT EMERGENCY ROOM? YES NO UNKNOWN
REQUIRE HOSPITALIZATION? YES NO UNKNOWN VISIT PHYSICIAN? YES NO UNKNOWN
HAS EMPLOYEE MISSED ANY WORK DUE TO ACCIDENT? YES/NO DATES: _____

Supervisor's Name: _____ Phone: _____

Signature: _____ Date: _____

Distribution

Supervisor: After completing the accident investigation portion of this form, please retain the original copy and submit a photocopy to the following:

Copy 1 – Employee

Copy 2 - District Claims Liaison

District Claims Liaison: After receiving a copy of this report, please forward a copy to the following:

Copy 3 - Safety Committee

Copy 4 - Puget Sound Workers' Compensation Trust, 800 Oakesdale Ave SW, Renton, WA 98057

ACCIDENT CAUSATION GUIDE

DIRECT CAUSES OF ACCIDENTS

Energy Sources

1. Mechanical:
machinery, compressed gases, moving objects, tools, explosives, strain (self)
2. Electrical:
un-insulated conductors, high voltage sources
3. Chemical:
acids, fuels, bases, reactive materials
4. Thermal
5. Radiation:
x-rays/lasers, microwave, radioactivity, noise

Hazardous Materials

1. Compressed or liquefied gases:
flames, hot surfaces
2. Corrosive materials
3. Flammable materials:
solid, liquid, gas
4. Oxidizing materials
5. Poisons or Toxics
6. Radioactive materials
7. Etiological agents
8. Dust
9. Explosives

INDIRECT CAUSES OF ACCIDENTS

Unsafe Acts

1. Failing to use personal protective equipment
2. Failing to warn co-workers or to secure equipment
3. Engaging in horseplay
4. Lifting improperly
5. Loading equipment or supplies improperly
6. Rendering safety devices inoperable
7. Operating equipment at improper speeds
8. Operating equipment without authority
9. Servicing equipment in motion
10. Improper work position
11. Using alcoholic beverages
12. Using drugs
13. Using defective equipment
14. Using equipment improperly

Unsafe Conditions

1. Congestion of workplace
2. Defective tools, equipment, or supplies
3. Excessive noise
4. Fire and explosion hazards
5. Hazardous atmospheric conditions:
gases, dusts, fumes, vapors
6. Inadequate supports or guards
7. Inadequate warning system
8. Poor housekeeping
9. Poor illumination
10. Poor ventilation
11. Radiation exposure

BASIC CAUSES OF ACCIDENTS

Management Safety Policies and Decisions

1. Health and safety policy is not:
in writing, reviewed periodically; signed by top management, distributed to each employee
2. Health and Safety procedures do not provide for:
a written manual; accident investigation; safety meetings; job safety analysis; adequate housekeeping; medical surveillance; preventive maintenance; reports; safety inspections
3. Health and safety not considered in procurement of:
supplies; equipment; services, materials
4. Inadequate personnel practices regarding:
employee selection; communication; training; assigned responsibility; assignment; accountability; job observation

Personal Factors

1. Behavior factors:
frequent accidents; risk taking; lack of hazard awareness
2. Experience factors:
insufficient knowledge; lack of training; accident record inadequate skills; unsafe practices
3. Physical factors:
size; strength; stamina
4. Mental factors:
emotional; alcoholism; depression; drug use
5. Motivational factors:
needs; capabilities
6. Attitude factors:
people; company; job

Environmental Factors

1. Unsafe facility designs:
mechanical layout; access ways; electrical systems material handling; hydraulic systems; illumination air conditioning; noise
2. Unsafe or lack of operating procedures
3. Unsafe projections:
physical plant; equipment; procedures; supplies
4. Unsafe location factors:
geographic area; surroundings; terrain; weather