

ACCIDENT INVESTIGATION REPORT

Haywood County Schools

Section I. Employee Information

Employee's Full Name: _____

Address: _____

City State Zip

Home Telephone: _____ SS#: _____

Date of Accident: _____ Time of Accident: _____ AM/PM

School Location _____

Department/Actual Location of injury: _____

Time Employee began work on day of injury _____

Section II. Description & Determination of Injury or Occupational Illness

Was employee on assigned duty when injured? ____ Yes ____ No

If no, explain: _____

What was employee doing when injury occurred? _____

Was there a contributing factor? _____

What body parts were affected? _____

Was employee having any problem(s) prior to this accident? ____ Yes ____ No

If yes, explain: _____

Section III. Witness to Accident

Employees involved or witnessed accident: _____

(Statements must be on a separate sheet of paper with current mailing address and contact information included and attached to this accident investigation report.)

Section IV. Analysis, Preventive and/or Corrective Action of Accident Scene

Were there any unsafe conditions present? If so, describe: _____

Preventive and/or corrective action taken: _____

Was a work order submitted? ____ Yes ____ No ____ Not needed

If yes, attach a copy of the work order to this accident investigation report.

Date of preventive action: _____

Investigated by: _____ Date: _____

This report is to be submitted to the Workers' Comp Coordinator in Human Resources at Central Office along with the Form 19 and if possible the Medical Provider Injury Management Sheet, within **24 hours of the accident**. (Fax 828-456-2438).