



Accident Investigation Form

Claim/Confirmation #

Name of Injured Person

Volunteer

Investigating Supervisor

Weather Conditions

- Indoors Rain Ice
- Clear Fog Snow

Source: Select which best describes the object, equipment, material, etc which inflicted the injury

Immediate Cause: Check all unsafe actions which contributed to the accident

- Violation of safety rule Disabled safety device
- Horseplay/distraction Unsafe use of tools/eq.
- Defective equipment Didn't handle safely
- Poor housekeeping Didn't use PPE
- Improper lifting/carrying Stand on furniture
- Improper dress/footwear Haste
- Unauthorized operating Unavoidable

Base Cause: Why was the unsafe act(s) committed?

- Haste Poor rule enforcement
- Lack of knowledge Inadequate rules
- Lack of training Ineffective procedures
- Poor supervision Poor planning
- PPE not available/wrong Lack of handling aids
- Poor staging of materials

Check any unsafe conditions related to the accident

- Ineffective Inspections Repairs not complete
- Equip. set up improperly Repairs not reported
- Equip. used abnormally Physical limitations
- Equip. not maintained Lack of planning

If menu selections do not fit this accident, please elaborate in the supervisor observations/additional comments.

Red fields are required

Date/Time of Injury

Date Supervisor was Informed

Date of Report

Description: Explain what happened including who, what, where, when, why, and how. Be as specific as possible.

List any witnesses. If they were questioned, attach their statements.

Was the site inspected? Please describe conditions and attach pictures (if necessary).

What can the district do to prevent accidents of this nature in the future?

Supervisor observations/additional comments

Severity Potential

Recurrence Potential

Referred to School Police?

If referred to school police, attach police report.