

**ACCIDENT/INCIDENT REPORT
STONE COUNTY SCHOOL DISTRICT**

CIRCLE ONE: Employee Student Other: _____

TO BE COMPLETED BY ADMINISTRATOR/SUPERVISOR:			
Injured Party Name (First, Last, MI)	Date of Birth:	Phone #:	Gender:
Address:	School/ Position/ Grade:	Date and Time of Accident:	
	Location of Accident:	Outcome (Circle one): Sent Home Not Sent Home Sent to Hospital SRO/911 called SRO Name: _____	
Part of Body Affected: (Be Specific)	Suggestions for preventing a similar accident:		
Specific activity the individual was engaged in when accident or illness occurred:			
Describe how injury occurred. Explain the sequence of events and include any objects or substances that directly injured the individual.			
Initial Treatment: Please check one <input type="checkbox"/> No Medical Treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Emergency care <input type="checkbox"/> Hospitalized <input type="checkbox"/> Future Major Medical/ Lost Time Anticipated <input type="checkbox"/> Other: _____	Name/Phone # of Person Administering First Aid: (If applicable)	Witness Name: Address: Phone:	
Physician/Health Care Provider (Name & Address):	Did Accident occur on Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name/Phone # of Relative contacted:	
Individual completing form Signature and Date:	Administrator/Supervisor Signature and Date:		
IF AN EMPLOYEE IS INJURED:			
Do you question the validity of this claim? If yes, please explain:	Date Employer Notified:	Last Date Worked:	Date Return(ed) to work:
TO BE COMPLETED BY CENTRAL OFFICE:			
Workers Comp #:	Date of Hire:	Date Received:	Date Entered:

****Student and Other forms are to be returned to Cassie Hardy**

****Employee forms are to be sent to Katie Ratcliff along with other Employee forms**

Supervisor's Accident Investigation Report Rubric

CAUSES	DEFINITION OF CAUSE	SUGGESTED CORRECTIVE MEASURES
ENVIRONMENTAL 1. Unsafe procedure	Hazardous process; management failed to make adequate plans for safety.	A. Job analysis B. Formulation of safe procedure
2. Equipment Defective Through Use	Machines or equipment that have become rough, slippery, sharp-edged, worn, cracked, broken, or otherwise defective through use or abuse.	A. Inspection B. Proper maintenance.
3. Improperly Guarded Equipment	Machines or equipment that are unguarded or inadequately guarded.	A. Inspection. B. Checking plans, blueprints, purchase orders, contracts, and materials for safety. C. Include guards in original design, order, and contract. D. Provide guards for existing hazards.
4. Equipment Defective Through Design	Failure to provide for safety in the design, construction, and installation of building, machinery, and equipment, too large, too small, not strong enough.	A. Source of supply must be reliable. B. Checking plans, blueprints, purchase orders, contracts, and materials for safety. C. Correction of defects.
5. Unsafe Dress or Apparel	Management's failure to provide or specify the use of goggles, respirators, safety shoes, hard hats, and other articles of safe dress or apparel.	A. Provide safe dress or apparel or personal protective equipment if management could reasonably be expected to provide it. B. Specify the use or non-use of certain dress or apparel or protective equipment on certain jobs.
6. Unsafe Housekeeping Facilities	No suitable layout or equipment that are necessary for good housekeeping-shelves, boxes, bins, aisle markers, etc.	A. Provide suitable layout and equipment necessary for good housekeeping.
7. Improper Ventilation	Poorly ventilated or not ventilated at all.	A. Improve the ventilation.
8. Improper Illumination	Poorly illuminated or no illumination at all.	A. Improve the illumination.
BEHAVIORISTIC 9. Lack of Knowledge or Skill	Unaware of safe practice, unpracticed, unskilled, not properly instructed or trained.	A. Job training.
10. Improper Attitude	Worker was properly trained and instructed, but s/he failed to follow instruction because s/he was willful, reckless, absentminded, excitable, or angry.	A. Supervision. B. Discipline. C. Personnel work.
11. Health Impairments (Physical)	Worker has poor eyesight, defective hearing, heart trouble, hernia, etc.	A. Pre-placement physical examinations. B. Periodic physical examinations. C. Appropriate job assignment of employees. D. Identification of workers with temporary health impairments.