



EMPLOYEE ACCIDENT / INCIDENT INVESTIGATION ANALYSIS
TO BE COMPLETED BY SITE SUPERVISOR/DESIGNEE

In order to continue to provide and maintain a safe and secure working environment for our employees, all accidents/incidents must be thoroughly investigated by a Site Supervisor/Designee. This form must be completed by the Site Supervisor/Designee within five (5) days of the reported accident/incident and submitted to the DSC/Director of Risk Management.

GENERAL INFORMATION

Employee Name Job Title School/Work Site Date & Time of Accident/Incident

Date & Time First Reported Specific Location Accident/Incident Occurred (Classroom, Cafeteria, Parking Lot, Etc.)

Detailed Description of Accident/Incident:

LIST OF WITNESSES
-ATTACH WITNESS STATEMENTS-

Signatures

Employee Signature Date Site Supervisor/Designee Date

For Administrative Use Only

BASIC CAUSE OF ACCIDENT/INCIDENT

- Lack of Training/Knowledge
- Lack of Proper Equipment/Tools
- Improper Use of Equipment/Tools
- Other (specify): _____
- Damaged or Defective Equipment/Tools
- Personal Protective Equipment Not Used (If Required)
- Unsafe Work Practices or Procedures

CORRECTIVE ACTION RECOMMENDED? Yes No

IF YES, COMPLETE THE FOLLOWING:

Corrective Action:	Person Responsible:	Completion Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RETURN WITHIN FIVE (5) DAYS OF REPORTED ACCIDENT/INCIDENT
TO DSC/DIRECTOR OF RISK MANAGEMENT**