WEST SHORE SCHOOL DISTRICT
Workplace Accident Report

*This form is to be completed by the injured employee and his/her supervisor then forwarded to the Workers’ Compensation Representative.*

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| This is a report of: [ ]  Lost Time [ ]  Medical Only [ ]  Near Miss [ ]  Other: |       |

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| Date of Incident: |       | Building/Location: |       |

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| **INJURED EMPLOYEE** (injured employee should complete this section with nurse’s assistance if needed) |

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| Name:  |       | Sex: [ ]  Male [ ]  Female | Age: |       |

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| Position/Title:  |       | Time of Incident: |       |

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| Hire Date: |       | Time in Current Position: |       | years |       | months |       | days |

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| Employee Works: | [ ]  full-time [ ]  part-time [ ]  extra duty [ ]  summer [ ]  temporary/substitute |

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| **Body part(s) affected** (shade all that apply):Body Diagram | **Type of injury:** [ ]  abrasion, scrapes[ ]  amputation[ ]  broken bone[ ]  bruise[ ]  burn (heat)[ ]  burn (chemical)[ ]  concussion (to the head) | [ ]  crushing injury[ ]  cut, laceration, puncture[ ]  hernia[ ]  illness[ ]  sprain, strain [ ]  damage to a body system  |
| [ ]  other (give details below) |
|  |       |
| Was first aid administered? [ ]  Yes [ ]  No  |

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|  | If yes, by whom?  |       |

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| Was the injured person referred to the school nurse? [ ]  Yes [ ]  No |

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| Additional Treatment Information: |       |

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| **WEATHER / ENVIRONMENTAL CONDITIONS** (injured employee should complete this section with nurse’s assistance if needed) |

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| (may include: temperature, housekeeping, lighting work surfaces, etc.)      |

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| **DESCRIBE THE INCIDENT** (injured employee should complete this section with nurse’s assistance if needed) |

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| Exact location of the incident: |       |
| Incident occurred during what part of the employee’s workday? |
| [ ]  entering or leaving work  | [ ]  doing normal work activities  | [ ]  during meal period |
| [ ]  during break | [ ]  working overtime | [ ]  other |       |
| Names of witnesses (if any): |       |

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| What personal protective equipment was being used? |       |
| **Describe, step-by-step, the events that led up to the injury. Include names of machines, parts, objects, tools, materials, and any other important details.** |
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| **POSSIBLE CAUSE(S) OF THE INCIDENT** (injured employee’s supervisor should complete this section) |

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| **Unsafe workplace conditions** (check all that apply)[ ]  inadequate guard[ ]  unguarded hazard[ ]  safety device is defective[ ]  tool or equipment defective[ ]  workstation layout is hazardous[ ]  unsafe lighting[ ]  unsafe ventilation[ ]  lack of proper personal footwear [ ]  lack of appropriate equipment / tools[ ]  unsafe clothing[ ]  wet surface[ ]  uneven surface[ ]  no training or insufficient training | **Unsafe acts by people** (check all that apply)[ ]  operating without permission[ ]  operating at unsafe speed [ ]  servicing equipment that has power to it[ ]  making a safety device inoperative[ ]  using defective equipment[ ]  using equipment in an unapproved way[ ]  unsafe lifting[ ]  taking an unsafe position or posture[ ]  distraction, teasing, horseplay [ ]  failure to wear personal protective equipment [ ]  spill not cleaned up [ ]  uneven surface not fixed[ ]  failure to use the available equipment / tools |
| [ ]  other: |  | [ ]  other: |  |

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| **Answer the following questions to the best of your knowledge.** |  |  |
| Were unsafe acts or conditions reported prior to the incident? | [ ]  Yes | [ ]  No |
| Have there been similar incidents or near misses prior to this one? | [ ]  Yes | [ ]  No |
| Did employee receive specific training or instructions relating to safety on the job being performed? | [ ]  Yes | [ ]  No |
| If yes, what type of training? [ ]  classroom [ ]  video [ ]  on the job (attach documentation) |  |  |
| Training was conducted by:  |       |  |  |

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| **MACHINERY/EQUIPMENT** (injured employee’s supervisor should complete this section if applicable) |

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| Type of Machine: |  | Has machine/equipment been modified? | [ ]  Yes | [ ]  No |
|       |  | Was it properly guarded? | [ ]  Yes | [ ]  No |
| Location: |       |  | Was there any mechanical failure? | [ ]  Yes | [ ]  No |

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| **PREVENTING FUTURE INCIDENTS** (injured employee’s supervisor should complete this section) |

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| **What changes do you suggest to prevent this incident/near miss from happening again? (select all that apply)** |
| [ ]  stop this activity | [ ]  routinely inspect for hazard | [ ]  train the employee(s) | [ ]  train the supervisor(s) |
| [ ]  redesign task steps | [ ]  redesign work station | [ ]  write new policy/rule | [ ]  enforce existing policy |
| [ ]  guard the hazard  | [ ]  personal protective equip | [ ]  update policy/procedure | [ ]  update/improve training |
| [ ]  other: |  |

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| **What should be done to carry out above changes?** |
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| Form completed by: |       | Completed on: |       |
| *NOTE: Please attach pertinent photos, diagrams, documentation, etc.*  |

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| Employee Signature | Date |  | Administrative Supervisor’s Signature | Date |

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| **WORKPLACE SAFETY COMMITTEE USE ONLY** |

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| Recommendations of the Workplace Safety Committee: |
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