

**Randolph County Schools
 Accident Investigation Report
 For Employee & Visitors
To be completed immediately following each occurrence
Submit to Personnel Dept. within 24 hours. – Attn.- Mary Ann Ingold**

School: _____ Date: _____

Employee Name: _____ Job Title: _____

Length of Employment: _____ Date/Time of Accident: _____

Location of Accident: _____

Description of Accident: _____

Describe Injury: _____

- Rejected Worker's Comp Filing Received First Aid Treatment
- Worker's Comp Filed Received Medical Treatment Doctor Hospital
- Transported by Personal Vehicle by _____ Requested by Patient/Family
- Transported by Ambulance Authorized by _____

CAUSE OF INCIDENT:

- Unsafe Acts: breaking up fight careless clumsy
- distracted improper lifting inexperienced
- in a hurry insubordination sleepy
- lack of attention use of alcohol/drugs horseplay
- no PPE *Personal Protective Equipment (gloves, safety glasses, etc.) other
- Unsafe Conditions: blood exchange congested area cramped space
- floor stripping foggy conditions greasy surface
- icy surface ladder (not used) ladder (unsafe)
- poor lighting railings damaged stairs
- steps step stool (not used) wet surface
- wet wax poor ventilation uneven walking surface

Principal/Supervisor Reviewed/Discussed With Employee

PRINCIPAL/SUPERVISOR COMMENTS _____

Principal/Supervisor Signature

Date

EMPLOYEE COMMENTS: _____

Employee Signature

Date

Principal/Supervisor Corrective Action(s) Taken Person(s) Responsible Target Date Date Complete

****NOTE**** **REQUIRES MAINTENANCE DEPARTMENT CORRECTION**

Report Corrective Action(s) Updates Completed by: (Maintenance) _____

Signature

Date

Maintenance Comments: _____