Workers Compensation Incident Report Form

Instructions: Front page of this Form is to be completed by the injured employee whenever possible and brought to the business office within 24 hours of the incident. In an emergency situation, the school nurse or supervisor may fill in all known information in order to start a claim. Employee must follow up and report in person to the business office upon return to work or as soon as possible to sign claim forms.

Injured Employee Data

Employee Name	Job Title	Date of Birth

Date of Incident	Employee normal work hours _____ to _____	Time of Incident ☐a.m. ☐p.m.	Building/Department

Supervisor	Supv. Phone Ext.	Please list any witnesses to the incident

Incident Description:

1. Please list Location of the incident. Provide a full description of the surroundings of the location and the individuals involved or witness to the incident.

2. What was happening at the time of the incident and why was it taking place?

3. What events lead up to the incident? Describe the sequence in order and when they took place.

4. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved?

5. Describe the injury. Include the affected body part(s) and injury type, or indicate no injury occurred.

6. If a physical injury was avoided, describe what happened that could have potentially resulted in injury?

Additional Information

Provide any additional information important to the investigation (pictures taken, evidence collected).

WC INCIDENT INVESTIGATION/FOLLOW UP

DIRECT CAUSES: PLEASE CHECK ALL THAT APPLY

What CONDITION of tools, equipment, or work area contributed to incident? ☐Not Applicable

☐ Close Clearance/Congestion	☐ Floors/Work Surfaces	☐ Poor Housekeeping
Hazardous Placement	☐ Inadequate Ventilation	☐ Equipment Failure
☐ Inadequate Warning System	☐ Inadequate Illumination	☐ Hazardous Materials
☐ Improper Material Storage	☐ Inadequate Guards/Barrier	☐ Defective Tools/Equipment/Vehicle
☐ Inadequate/Improper PPE	☐ Equipment/Workstation Design	☐ Other _____

What ACTION or INACTION contributed to the incident? ☐Not Applicable

☐ Failure to Make Secure	☐ Used Defective Equipment	☐ Failure to Use PPE
☐ Improper Lifting	☐ Improper Technique	☐ Improper Loading
☐ Used Equipment Improperly	☐ Unauthorized Actions	☐ Operating At Improper Speed
☐ Operating Procedure Deviation	☐ Improper Position	☐ Used Wrong Tool/Equipment
☐ Horseplay/Distractive Active	☐ Unsafe Act of Another Staff	☐ Under Influence Drugs/Alcohol
☐ Nullified Safety/Control Devices	☐ Running/Rushing/Acting In Haste	☐ Failure to Warn/Signal
☐ Servicing Equipment In Motion	☐ Other _____	

CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY

What caused or influenced the substandard conditions or behaviors?

☐ Lack of Proper Procedures	☐ Inadequate Job Instructions	☐ Inadequate Tools
☐ Inadequate Job Training Methods	☐ Inadequate Supervision	☐ Improper Layout or Design
☐ Inadequate Maintenance Standards	☐ Unsafe Design or Construction	☐ Poor Work Practice
☐ Poor Work Design	☐ Inadequate Purchasing Standards	☐ Lack of Skill
☐ Lack of Communication Between Staff	☐ Improper Extension of Service Life	☐ Improper Planning
☐ Inadequate Cleaning	☐ Inadequate Environmental Controls	☐ Inadequate Capacity
☐ Inadequate Preventive Maintenance	☐ Inadequate Enforcement or Work Standards	
☐ Other _____		

CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES

What corrective actions have been taken or are needed to prevent a recurrence?

☐ Task Analysis/Procedure Revision	☐ Improve Clean-Up Procedures	☐ Repair/Replace Equipment
☐ Reinstruction of Employees	☐ Improve Storage/Arrangement	☐ Rotation of Employee
☐ Eliminate Congestion	☐ Improve/Change Work Method	☐ Identify/Improve PPE
☐ Task Analysis to Be Completed	☐ Install/Revise Guards/Devices	☐ Improve Enforcement
☐ Improve Design/Construction	☐ Job Reassignment of Employees	☐ Use Other Materials/Supplies
☐ Improve Illumination	☐ Mandatory Pre-Job Instructions	☐ Improve Ventilation
☐ Other _____		

Recommended corrective actions or preventive measures to be taken

Action Item	Person Responsible	Target Date	Date Complete

Investigation Review (Initial after reviewing the findings of the investigation):

	Initials	Review Date	Comments
Supervisor			
Safety Representative			