

ACCIDENT/INCIDENT INVESTIGATION REPORT

Haywood County Schools

Section I. Employee Information

Employee's Full Name: _____

Address: _____

City State

Zip

Home Telephone: _____ SS#: _____

Date of Accident: _____ Time of Accident: _____ AM/PM

School or Department Location: _____

Section II. Description & Determination of Injury or Occupational Illness

Was employee on assigned duty when injured? ____ Yes ____ No

If no, explain: _____

What was employee doing when injury occurred? _____

Was there a contributing factor? _____

What body parts were affected? _____

Was employee having any problem(s) prior to this accident? ____ Yes ____ No

If yes, explain: _____

Section III. Witness to Accident

Employees involved or witnessed accident: _____

(Statements must be on a separate sheet of paper and attached to the accident investigation report.)

Section IV. Analysis, Preventive and/or Corrective Action of Accident Scene

Were there any unsafe conditions present? If so, describe: _____

Preventive and/or corrective action taken: _____

Was a work order submitted? ____ Yes ____ No ____ Not needed

If yes, attach a copy of the work order to this accident investigation report.

Date of preventive action: _____

Investigated by: _____ Date: _____

This report is to be submitted to the Leanna Moody, Workers' Comp Administrator along with the Form 19, within 24 hours of the accident. (Fax 828-456-2438).