

# 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 48 hours of the accident. (Fax 828-456-2438).