W E S T S H O R E S C H O O L D I S T R I C T

Workplace Accident Report

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

This is a report of: ☐ Lost Time ☐ Medical Only ☐ Near Miss ☐
Other: _____

Date of Incident: _____ Building/Location: _____

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

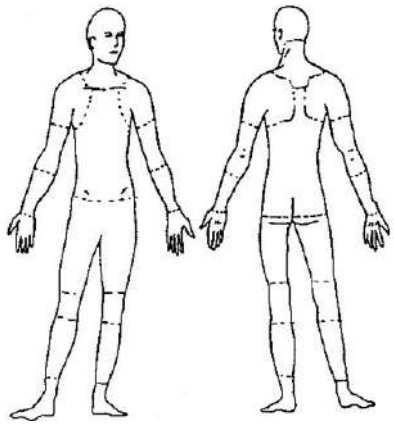
Name: _____ Sex: ☐ Male ☐ Female Age: _____

Position/Title: _____ Time of Incident: _____

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

Employee Works: ☐ full-time ☐ part-time ☐ extra duty ☐ summer ☐ temporary/substitute

Body part(s) affected (shade all that apply):



Type of injury:

- ☐ abrasion, scrapes
- ☐ amputation
- ☐ broken bone
- ☐ bruise
- ☐ burn (heat)
- ☐ burn (chemical)
- ☐ concussion (to the head)
- ☐ other (give details below)
- ☐ crushing injury
- ☐ cut, laceration, puncture
- ☐ hernia
- ☐ illness
- ☐ sprain, strain
- ☐ damage to a body system

_____

Was first aid administered? ☐ Yes ☐ No

If yes, by whom? _____

Was the injured person referred to the school nurse? ☐ Yes ☐ No

Additional Treatment Information: _____

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

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

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

Exact location of the incident: _____

Incident occurred during what part of the employee's workday?

- ☐ entering or leaving work
- ☐ during break
- ☐ doing normal work activities
- ☐ working overtime
- ☐ during meal period
- ☐ other _____

Names of witnesses (if any): _____

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.

POSSIBLE CAUSE(S) OF THE INCIDENT (injured employee's supervisor should complete this section)

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
- ☐ other: _____

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: _____

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: _____

MACHINERY/EQUIPMENT (injured employee's supervisor should complete this section if applicable)

Type of Machine: _____

Location: _____

Has machine/equipment been modified? ☐ Yes ☐ No

Was it properly guarded? ☐ Yes ☐ No

Was there any mechanical failure? ☐ Yes ☐ No

PREVENTING FUTURE INCIDENTS (injured employee's supervisor should complete this section)

What changes do you suggest to prevent this incident/near miss from happening again? (select all that apply)

- ☐ stop this activity
- ☐ redesign task steps
- ☐ guard the hazard
- ☐ routinely inspect for hazard
- ☐ redesign work station
- ☐ personal protective equip
- ☐ train the employee(s)
- ☐ write new policy/rule
- ☐ update policy/procedure
- ☐ train the supervisor(s)
- ☐ enforce existing policy
- ☐ update/improve training
- ☐ other: _____

What should be done to carry out above changes?

Form completed by: _____ Completed on: _____

NOTE: Please attach pertinent photos, diagrams, documentation, etc.

Employee Signature Date

Administrative Supervisor's Signature Date

WORKPLACE SAFETY COMMITTEE USE ONLY

Recommendations of the Workplace Safety Committee:

Revised 7-2018