Beaufort County Schools
Employee Report of Injury/Accident Investigation Report
Please complete in its entirety. DO NOT leave any question unanswered! (Print Legibly)

Date: _____ **Completed By:** _____ **School Location:** _____

I. General Information

Employee Name _____ Last 4 digits SS# _____

Job Title _____ Date of Occurrence _____ Time _____:_____ AM/PM

Where injury occurred (Location) _____ Arrived at work: _____ AM/PM

When was supervisor notified of this injury (Date) _____

II. Description of Incident (In Full Detail)

How did injury occur? What was employee doing when injured? Objects, tools, equipment used? Assigned Duties?

_____

_____

_____

III. Description of Injury or Illness

Nature of Injury _____ (i.e. strain, sprain, fractured, burn, etc.)

Body part(s) affected _____ ☐ Right ☐ Left

Did this injury require medical treatment ☐ Yes ☐ No

Type of Treatment _____

Name of Physician/Hospital/Urgent Care _____

Will injury result in missed work days ☐ Yes ☐ No If so, how many _____

Witness Names (use separate sheet for statements, if any): _____

_____

ACCIDENT INVESTIGATION SECTION (To be completed by Supervisor)

IV. Do you question the validity of this claim ☐ Yes ☐ No

V. Analysis (check as many as apply)

Accident caused by Unsafe Act? ☐ Unsafe Condition? ☐

Describe: _____

_____

VI. Recommended Preventive and/or Corrective Action

Steps needed to prevent re-occurrence:

Employee's Signature	Date
Supervisor's Signature	Date

CENTRAL OFFICE USE ONLY

Emp #: _____ DOB: _____

Hire Date: _____

Funding: _____ State _____ Fed/Local

OOW: ☐ Yes ☐ No RTW: ☐ Yes ☐ No

Analysis of Factors Contributing to Cause of Accident

Section I – Applies to All Employees (Check all that apply)

Environment
- ☐ Poor Housekeeping
- ☐ Poor Ventilation
- ☐ Floor Slippery
- ☐ Poor Lighting
- ☐ Tripping Hazard

Building
- ☐ Holes in Floor
- ☐ Door Doesn't Function Properly
- ☐ Broke Glass
- ☐ Exposed wiring
- ☐ Electrical
- ☐ Fire
- ☐ Water Leak

Outside Area
- ☐ Hole/Crack/Loose Gravel/Rocks in Pavement
- ☐ Hole in Yard or Yard Hazard
- ☐ Cutting Hazard – Metal or Glass

Employee Factors
- ☐ Inexperienced/Unskilled
- ☐ Insufficient Training and/or Instructions
- ☐ Instructions Disregarded
- ☐ Instructions not Enforced
- ☐ Used Poor Judgment
- ☐ Disobeyed Rules
- ☐ Attention Distracted
- ☐ Inattentive
- ☐ Attempted Shortcuts
- ☐ Was Hasty
- ☐ Did Not Follow Safe Working Procedures

Physical / Mental Condition
- ☐ Fatigued
- ☐ Sluggish
- ☐ Weak
- ☐ Sick

Vehicles
- ☐ Other Vehicle Involved
- ☐ Other Vehicle at Fault
- ☐ Mechanical Failure
- ☐ Brakes
- ☐ Tires

Driver
- ☐ Not at fault
- ☐ At Fault
- ☐ Sleepy/Inattentive
- ☐ Unsafe Driving Practice

Other
- ☐ Student Contributed to Accident
- ☐ Furniture Contributed to Accident
- ☐ Material Handling
- ☐ Chemicals Involved

Section II – Applies to Cafeteria, Custodial and Maintenance Employees Only (Check All That Apply)

Personal Protective Equipment
- ☐ PPE not Required for Task Performed
- ☐ PPE not used
- ☐ PPE not Available
- ☐ Proper Shoes for Application
- ☐ Safety Eyewear on at Time of Accident
- ☐ Protective Gloves on at Time of Accident

Equipment / Machinery
- ☐ Machinery Problem Contributed to Accident
- ☐ Worn, Damaged or Improper Tool
- ☐ Lack of Maintenance to Equipment a Contributing Factor
- ☐ Fueling of Equipment Not Done Properly
- ☐ Man Lift Improperly Used
- ☐ Work was Performed from a Height

Dress
- ☐ Proper Clothes Worn for the Job
- ☐ Proper Shoes/Boots Worn

Material Handling
- ☐ Lifting Contributed to the Accident
- ☐ Hand Truck Used
- ☐ Proper Lifting Practices were Followed
- ☐ Something Fell Causing or Contributing to Accident
- ☐ Assistance Needed to Make Lift

Witness Statement (To be provided if there is a witness):

_____

_____

_____

_____

_____

Witness _____ **Date** _____