

Santa Rosa County Taylor County School District Employee

Accident/Incident Investigation Analysis

Please be advised that you must still complete the First Notice of Injury form

72-01-03
Rsvd 12/08/05

SB 1213
01 02

Employee Name _____ Job Title _____ School or Work Site _____

Date and Time of Accident/Incident _____ Date and Time First Reported _____ Specific Location Accident/Incident Occurred (classroom, cafeteria, parking lot, etc) _____

Detailed Description of Accident/Incident: _____

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Immediate Cause(s)	IMMEDIATE CAUSE(S) OF ACCIDENT/INCIDENT/ <i>Please attach photos/electronic file to district</i>		
	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
Basic Causes	BASIC CAUSES OF ACCIDENT/INCIDENT		
	<input type="checkbox"/> Lack of Training / Knowledge <input type="checkbox"/> Lack of Proper Equipment / Tools <input type="checkbox"/> Improper Use of Equipment / Tools <input type="checkbox"/> Damaged or Defective Equipment / Tools <input type="checkbox"/> Unsafe Work Practices or Procedures <input type="checkbox"/> Personal Protective Equipment not used (if required) <input type="checkbox"/> Other (specify): _____		
Corrective Action(s)	Corrective Action(s)	Person Responsible	Date Complete
	_____	_____	_____
	_____	_____	_____
Witnesses	Witnesses	Witness Statements	
	1. _____	_____	
	2. _____	_____	
Signatures	Investigator: _____		Date: _____
	Site Administrator/Supervisor: _____		Date: _____
	All accidents and incidents must be thoroughly investigated. The investigation form must be completed by a Supervisor, Administrator or Designee. A copy of the completed Accident/Incident Investigation Analysis must be submitted to the Risk Management office within 5 days from the date of accident/incident. <i>*Please be advised that all information on this form is strictly CONFIDENTIAL, and should not be released to the public.</i>		
	Findings of the investigation reviewed by the Site Safety Committee Date: _____ Committee Chairperson Signature: _____ =		

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