

**Taylor County School District Employee  
Accident/Incident Investigation Analysis**  
*Please be advised that you must still complete the First Notice of Injury form*

TCSB 1213-12

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Immediate Cause(s)</b>	IMMEDIATE CAUSE(S) OF ACCIDENT/INCIDENT/ <i>Please attach photos/electronic file to district</i>		
	1.	_____	
	2.	_____	
	3.	_____	

<b>Basic Causes</b>	BASIC CAUSES OF ACCIDENT/INCIDENT		
	<input type="checkbox"/> Lack of Training / Knowledge <input type="checkbox"/> Improper Use of Equipment / Tools <input type="checkbox"/> Unsafe Work Practices or Procedures <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Lack of Proper Equipment / Tools <input type="checkbox"/> Damaged or Defective Equipment / Tools <input type="checkbox"/> Personal Protective Equipment not used (if required)	

<b>Corrective Action(s)</b>	Corrective Action(s)	Person Responsible	Date Complete
	_____	_____	_____
	_____	_____	_____

<b>Witnesses</b>	Witnesses	Witness Statements
	1. _____	_____
	_____	_____
	2. _____	_____

<b>Signatures</b>	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. \*Please be advised that all information on this form is strictly CONFIDENTIAL, and should not be released to the public.**

<b>Findings of the investigation reviewed by the Site Safety Committee</b> Date: _____ Committee Chairperson Signature: _____
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