

Ridgway Area School District

ACCIDENT INVESTIGATION FORM

What is the Purpose of the Form?

This form is to be used to investigate any accidents involving employees within the school district.

Who Should File the Form?

The principals, Rena Urman and Marilyn Fiscus in their respective departments, School Nurses, and Safety Committee Members.

When Should the Form be Filed?

Whenever there is any type of accident involving any district employee.

Special Notes:

Make note that only the persons listed are to do the investigation and if needed, a safety committee member may be asked to assist if needed.

ALL INFORMATION SHOULD REMAIN CONFIDENTIAL AT ALL TIMES.

Revised: Sept. 2007

RASD INCIDENT/ACCIDENT INVESTIGATION REPORT RASD

(To be conducted by the school administrator with the employee)

Note: The information provided here in is for the intent purpose of promoting a safer working and learning environment for all personnel by identifying unsafe work practices and/or conditions.

Employee Name _____ Date of incident/injury _____

Employer Name _____

1. Describe the root cause(s) of the incident, what specific factor(s) caused the incident (employees activity/behavior). How was the activity being carried out and what equipment, procedures or objects were involved, was the activity routine or non-routine.

2. Would you describe this incident as being the result of: _____ work practices _____ work environment _____ both

3. Was personal protective equipment or guards available for this activity? _____yes _____no _____not applicable

4. Was personal protective equipment or guards being used at the time? _____yes _____no

5. Should personal protective equipment or guards be provided for this activity? _____yes _____no

6. Are there safety rules or procedures that apply to this activity? _____yes _____no

7. Describe the resulting injuries:

8. Witnesses:

Name	Phone # (day)	Phone # (evening)
_____	_____	_____
_____	_____	_____

9. Explain in detail what actions could be taken to prevent this type of incident/accident from occurring again.

10. Who is responsible for implementing the corrective action and when do you anticipate it will be accomplished?

ALL INFORMATION SHOULD REMAIN CONFIDENTIAL AT ALL TIMES.

Administrator's Signature _____ **Date** _____

Revised: May 2003