

Elko County School District Accident Investigation Report

PART I: Employee Completes (Please Print)

Name _____ Home Phone _____

Home Address _____ Zip Code _____

SSN _____ Date of Birth _____ Time on This Job _____ Yr _____ Mo _____

Skill/ Occupation _____

Title/Position _____

Date of Accident _____ Day of Week _____ Time of Day _____ AM _____ PM

Where did the accident occur? _____

What were you doing at the exact time of the accident?

Describe the accident and the injury:

In your opinion, what caused the accident (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Unsafe Procedures | <input type="checkbox"/> Defective Equipment |
| <input type="checkbox"/> Unsafe Practice | <input type="checkbox"/> Improperly Guarded Equipment |
| <input type="checkbox"/> Lack of Forethought | <input type="checkbox"/> Failure to Observe |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Lack of Knowledge/Skill |
| <input type="checkbox"/> Unauthorized Use | <input type="checkbox"/> Housekeeping Other |

Explain choice(s):

Note: Use the reverse of this page or attach additional pages, drawings and diagrams to fully explain the situation if you feel the above information is not enough to explain it.

Employee Signature

Date Report Completed

PART II: Supervisor Completes (Please Print)

Describe Accident:

Nature of injury (check all that apply)

- Personal
- Property Damage Only
- None

- Personal and Property
- Vehicle/Equipment Accident
- Other

Explain choice(s):

Return to Work or Expected Return to Work Date _____

Explain **CAUSE** of **accident** (identify unsafe act or condition which may have contributed to this accident):

Explain corrective measures you are taking to prevent a repeat incident:

Supervisor Signature

Date Report Completed

Department Director Review/Comments:

Assistant Superintendent

Date Report Completed