

# ACCIDENT / INCIDENT REPORT

School District EVERETT PUBLIC SCHOOLS

Site

## EMPLOYEE SECTION

Claim Number:

NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DATE OF ACCIDENT/INCIDENT: \_\_\_\_\_ DATE REPORTED: \_\_\_\_\_

TIME OF INJURY:  WHERE DID INCIDENT OCCUR? \_\_\_\_\_

ACCIDENT REPORTED TO WHOM: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ WHAT WERE YOU

DOING IMMEDIATELY PRECEDING THE ACCIDENT/INCIDENT? \_\_\_\_\_

DESCRIBE INCIDENT IN DETAIL: \_\_\_\_\_

TYPE OF INJURY: \_\_\_\_\_ BODY PART: \_\_\_\_\_ RIGHT/LEFT: \_\_\_\_\_

NAME(S) OF WITNESSES: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

*Should you wish to file a claim for Workers' Compensation benefits you have **one year from the date of incident** to file. For details on claim submission, see your district contact. (If additional space is needed please use a second sheet of paper.)*

## SUPERVISOR SECTION

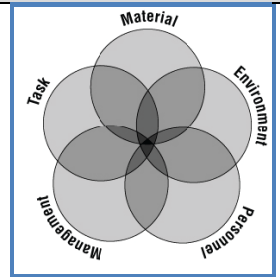
## ACCIDENT INVESTIGATION

### HOW TO COMPLETE THE "FIVE WHYS" OF AN ACCIDENT/INCIDENT INVESTIGATION?

**STEP ONE:** Meet face to face with the employee and review the accident/incident description. It will help you formalize the problem and describe it accurately and completely. Determine the main contributor or causal factors (one causal factor may lead to another).

**STEP TWO:** Ask **WHY** the incident occurred and write the answer down. If the answer does not identify the root cause of the incident that you wrote down, ask **WHY** again, and write down that answer.

**STEP THREE:** Loop back through step two until the root cause is identified. This may take fewer or more times than the indicated **five whys**. If you did not identify the root cause, your investigation is incomplete. You may refer to the back of this form for a guide to completing your analysis.



CAUSAL FACTORS OF INCIDENT/INJURY

DID YOU DO AN ONSITE INVESTIGATION? ☐

DID YOU MEET FACE TO FACE WITH THE EMPLOYEE? ☐

WHAT WAS THE ROOT CAUSE? \_\_\_\_\_

WAS A WORK ORDER REQUIRED TO MITIGATE THE HAZARD? ☐ WORK ORDER # ? \_\_\_\_\_

IF NO, WHAT ACTIONS WERE TAKEN TO CORRECT/PREVENT FUTURE, OR SIMILAR, ACCIDENTS/ INCIDENTS? \_\_\_\_\_

DATE ACTION TAKEN: \_\_\_\_\_ BY WHOM: \_\_\_\_\_

DID EMPLOYEE:

RECEIVE FIRST AID? ☐

REQUIRE HOSPITALIZATION? ☐

HAS EMPLOYEE MISSED ANY WORK DUE TO ACCIDENT? ☐

VISIT EMERGENCY ROOM? ☐

VISIT PHYSICIAN? ☐

DATES: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Distribution**

**Supervisor:** After completing the accident investigation portion of this form, please retain the original copy and submit a photocopy to the following:

**Copy 1** - Employee

**Copy 2** - District Claims Liaison

**District Claims Liaison :** After receiving a copy of this report, please forward a copy to the following:

**Copy 3** - Safety Committee

**Copy 4** - Puget Sound Workers' Compensation Trust, 800 Oakesdale Ave SW, Renton, WA 98057

## ACCIDENT CAUSATION GUIDE

### DIRECT CAUSES OF ACCIDENTS

#### Energy Sources

1. Mechanical:  
machinery, compressed gases, moving objects,  
tools, explosives, strain (self)
2. Electrical:  
un-insulated conductors, high voltage sources
3. Chemical: 7.  
acids, fuels, bases, reactive materials
4. Thermal
5. Radiation:  
x-rays/lasers, microwave, radioactivity, noise

#### Hazardous Materials

1. Compressed or liquefied gases:  
flames, hot surfaces
2. Corrosive materials 3.
3. Flammable materials:  
solid, liquid, gas
4. Oxidizing materials
5. Poisons or Toxics
6. Radioactive materials 7.
7. Etiological agents 8.
8. Dust 9.
9. Explosives 10.

### INDIRECT CAUSES OF ACCIDENTS

#### Unsafe Acts

1. Failing to use personal protective equipment
2. Failing to warn co-workers or to secure equipment
3. Engaging in horseplay
4. Lifting improperly
5. Loading equipment or supplies improperly
6. Rendering safety devices inoperable  
Operating equipment at improper speeds
8. Operating equipment without authority
9. Servicing equipment in motion
10. Improper work position
11. Using alcoholic beverages
12. Using drugs
13. Using defective equipment
14. Using equipment improperly

#### Unsafe Conditions

1. Congestion of workplace
2. Defective tools, equipment, or supplies  
Excessive noise
4. Fire and explosion hazards
5. Hazardous atmospheric conditions:  
gases, dusts, fumes, vapors
6. Inadequate supports or guards  
Inadequate warning system  
Poor housekeeping  
Poor illumination  
Poor ventilation
11. Radiation exposure

## BASIC CAUSES OF ACCIDENTS

#### Management Safety Policies and Decisions

1. Health and safety policy is not:  
in writing, reviewed periodically; signed by top management,  
distributed to each employee
2. Health and Safety procedures do not provide for:  
a written manual; accident investigation;  
safety meetings; job safety analysis;  
adequate housekeeping; medical surveillance;  
preventive maintenance; reports; safety inspections
3. Health and safety not considered in procurement of:  
supplies; equipment; services, materials
4. Inadequate personnel practices regarding:  
employee selection; communication; training;  
assigned responsibility; assignment;  
accountability; job observation

#### Personal Factors

1. Behavior factors:  
frequent accidents; risk taking; lack of hazard awareness
2. Experience factors:  
insufficient knowledge; lack of training; accident record  
inadequate skills; unsafe practices
3. Physical factors:  
size; strength; stamina
4. Mental factors:  
emotional; alcoholism; depression; drug use
5. Motivational factors:  
needs; capabilities
6. Attitude factors:  
people; company; job

#### Environmental Factors

1. Unsafe facility designs:  
mechanical layout; access ways; electrical systems  
material handling; hydraulic systems; illumination  
air conditioning; noise
2. Unsafe or lack of operating procedures
3. Unsafe projections:  
physical plant; equipment; procedures; supplies
4. Unsafe location factors:  
geographic area; surroundings; terrain; weather