MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

STAFF ACCIDENT REPORT

- This form is to be completed for all job-related injuries or accidents
- Supervisor must complete page 2 of report

Name: _____ Job Tile: _____
First Middle Last

Home Address: _____

Date of Injury: _____Time: _____AM / PM Time Left Work: _____AM / PM Date of Birth: _____

Department:	Name of Supervisor:	Date Reported to Supervisor:
Exact Location of Accident:		Name of Witnesses:

Describe Accident (What was injured worker doing; what objects, machines or materials were involved):

_____

_____

_____

_____

Regular Days Off: _____ Shift: _____

ACTION

□ FIRST AID CASE ONLY
□ SCHOOL NURSE
□ REQUIRED PHYSICIAN'S CARE
□ HOSPITALIZED
□ TIME LOSS
□ NO INJURY

BODY PART INJURED

□ HEAD □ FACE □ EYE
□ NECK □ BACK □ CHEST
□ ARM □ HAND □ FINGER
□ LEG □ KNEE □ ANKLE
□ FOOT □ TOE
□ OTHER _____

NATURE OF INJURY

□ ABRASION □ LACERATION □ PUNCTURE
□ BRUISE □ FRACTURE □ BURN
□ SPRAIN/STRAIN □ FOREIGN BODY □ POISON OAK
□ COLD INJURY □ HEAT NJURY □ DEMATITIS
□ LOSS OF CONCIOUSNESS □ OCCUPATIONAL ILLNESS
□ OTHER _____

NAME & ADDRESS OF PHYSICIAN: _____

NAME & ADDRESS OF HOSPITAL: _____

EMPLOYEE SIGNATURE: **DATE:**

SUPERVISOR'S INVESTIGATION OF CAUSE (CHECK ALL THAT APPLY)

Did you personally view the incident site? □Yes □ No

Employee Category: □ Faculty □ Staff

UNSAFE ACTS

- ❑ OPERATING WITHOUT AUTHORITY
- ❑ FAILURE TO WARN OTHERS
- ❑ OPERATING OR WORKING AT UNSAFE SPEED
- ❑ MAKING SAFETY DEVICES INOPERATIVE
- ❑ FAILURE TO SECURE OBJECTS
- ❑ USING UNSAFE EQUIPMENT OR EQUIPMENT UNSAFELY
- ❑ UNSAFE LOADING, MIXING, CARRYING
- ❑ TAKING UNSAFE POSITION OR POSTURE
- ❑ HORSEPLAY
- ❑ FAILURE TO USE PERSONAL PROTECTIVE DEVICES
- ❑ FAILURE OT OBSERVE SAFETY REGULATIONS
- ❑ LACK OF TRAINING OR KNOWLEDGE
- ❑ PREVENTABLE VEHICLE ACCIDENT
- ❑ SLIPS AND FALLS
- ❑ OTHER: _____

UNSAFE CONDITIONS

- ❑ IMPROPERLY GUARDED EQUIPMENT OR MACHINE
- ❑ DEFECTIVE TOOL OR EQUIPMENT
- ❑ POOR HOUSEKEEPING
- ❑ IMPROPER LIGHTING
- ❑ IMPROPER VENTILATION (DUST, FUMES, ETC.)
- ❑ UNSAFE DESIGN OR CONSTRUCTION
- ❑ SLIPPERY OR OTHER UNSAFE SURFACE
- ❑ INADEQUATE WARNING SYSTEM
- ❑ HAZARDOUS STORAGE OR ARRANGEMENT
- ❑ HAZARDOUS DRESS OR APPAREL
- ❑ HAZARDOUS WORK PROCEDURE
- ❑ HAZARDOUES WEATHER OR ENVIRONMENT
- ❑ CONTACT WITH POISONOUS PLANTS, INSECTS, TOXIC CHEMICALS, SKIN IRRITANTS, BITES, ECT.
- ❑ OTHER: _____

- REASONS FOR UNSAFE ACT (Must be completed by Supervisor)

_____

_____

_____

- REASONS FOR UNSAFE CONDITION (Must be completed by Supervisor)

_____

_____

_____

- WHAT PRACTICAL CORRECTIVE ACTION WILL BE TAKEN BY SUPERVISION TO PREVENT RECURRENCE **(BE SPECIFIC)**? (Must be completed by Supervisor.)

_____

_____

_____

SUPERVISOR'S SIGNATURE _____ DATE _____

NURSE'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

DIRECTOR OF BUSINESS AND FINANCE _____ DATE _____

Revised: January 2014