



Employee Accident Investigation Form (for Supervisors)

Purpose of this form: To assist supervisors in determining root cause of employee incidents, as well as identifying and correcting any hazards that may exist to prevent similar incidents from occurring. Incident investigation and documentation is a Cal OSHA requirement and is stated in the District's Injury and Illness Prevention Program.

Employee Name:	<input type="text"/>	Position Title:	<input type="text"/>
District Name:	<input type="text"/>	School Site:	<input type="text"/>
Date of Accident:	<input type="text"/>	Location of Incident: (e.g., parking lot)	<input type="text"/>

Incident Description (What Happened):

Injury Sustained/Body Part(s) Affected:

Possible Causes of Incident (i.e. cleaning, rain, unsafe practice, sidewalk, attempting to restrain student, etc.):

Corrective Action(s) Taken (i.e. standard or emergency work order, review of safety practices, CCCSIG ergonomic evaluation/training/job safety analysis, discipline, site inspections, etc):

Date Corrective Action(s) Completed or Scheduled to be Completed:

Name & Title of Supervisor Completing this Form:

Supervisor Signature: **Date:**

What to do with this Form:

Email: Click "Email Form" to send completed form to your District Claims Coordinator.

Fax: Click on "Print Form" to fax to your District Claims Coordinator.