|  |
| --- |
| A. INJURED WORKER/STUDENT INFORMATION |
|  |  |
| **INVESTIGATOR’S NAME:** |  |
| **DATE OF ACCIDENT :**  | Click here to enter a date. | **SCHOOL**: |  |
|  |  |  |  |
| 1. **WORKER INFORMATION:**
 |
| Name:  |  |
| Home Address: |  |
| Date Of Birth: |  | Home Phone: |  |
| Job Title: |  | Employment Date: |  |
|  |  |  |  |
| 1. **STUDENT INFORMATION:**
 |
| Student Name: |  | Date of Birth: |  |
| Home Address: |  | Home Phone:  |  |
| Grade: |  | Class Teacher: |  |
| Parents informed (by whom): |
| Was the pupil sent home? [ ]  YES [ ]  NO | If yes how? (Parent, Teacher): |
|  |  |  |  |
| B. INCIDENT INFORMATION |
| 1. Immediate supervisor/teacher’s name:
 |
| Witness (Name, address, phone #):  |
| 1. Did the incident result in personal injury or hospitalization? [ ] YES [ ]  NO
 |
| 1. Did the incident involve property or equipment/vehicle damage? [ ] YES [ ]  NO

If yes explain:  |
| 1. Location of the incident (room/area/address):
 |
| 1. Part of body injured (also indicate L or R side):
 |
| 1. Nature of injury (cut, bruise, hit, puncture, etc.)
 |
| 1. Was first aid administered? [ ] YES [ ] NO If yes by whom:
 |
| 1. If outside emergency assistance was required, provide details (ambulance/which hospital/attending doctor, etc.):
 |
| 1. Severity of Injury:

[ ] Minor (no treatment) [ ] First Aid [ ] Medical Aid [ ] Lost time [ ] Fatal |
| 1. Probability of Reoccurrence: [ ] Frequent [ ] Occasional [ ] Rare
 |
| 1. What happened? What was the cause of the accident?
 |
| 1. What defective or unsafe condition(s) of tools, equipment, machinery, and work area contributed to the accident (answers the question of why the incident happened.)
 |
|  |
| C. CORRECTIVE MEASURES |
| 1. Recommendations to prevent recurrences of a similar incident:
 |
| 1. Corrective action taken at the worksite, (corrective actions must be implemented – they ensure the incident will not happen again.):
 |
| 1. Further actions/recommendations or comments:
 |
| 1. Drawings/photos (please include photos of the scene, equipment, injuries, etc.).
 |
| D. SIGNATURES – WSH COMMITTEE |
| Written By: |  | Date: |  |
| Worker Co-Chair: |  | Date: |  |
| Employer Co-Chair: |  | Date |  |