Pembina Trails
School Division
Accomplish Anything

ACCIDENT INVESTIGATION FORM

A. INJURED WORKER/STUDENT INFORMATION

Investigator's Name	
Date of Accident	
School	

1. INJURED PERSON INFORMATION:

Name			
Home Address			
Date of Birth		**Home Phone**	
Job Title		**Employment Date**	

2. STUDENT INFORMATION:

Student Name		**Date of Birth**	
Home Address		**Home Phone**	
Grade		**Class Teacher**	
Parent Information (by whom)			
Was the pupil sent home?		**If yes, how? (Parent, Teacher)**	

B. INCIDENT INFORMATION

1.	Immediate supervisor/teacher's name: Witness (Name, address, phone #):
2.	Did the incident result in personal injury or hospitalization? ☐ YES ☐ NO
3.	Did the incident involve property or equipment/vehicle damage? ☐ YES ☐ NO *If yes, explain:*
4.	Location of the incident (room/area/address):
5.	Part of body injured (also indicate L or R side):
6.	Nature of injury (cut, bruise, hit, puncture, etc.)

7.	Was first aid administered? ☐ YES ☐ NO *If yes, by whom?:*
8.	If outside emergency assistance was required, provide details (ambulance/which hospital/attending doctor, etc.):
9.	Severity of Injury: ☐ Minor (no treatment) ☐ First Aid ☐ Medical Aid ☐ Lost Time ☐ Fatal
10.	Probability of Reoccurrence: ☐ Frequent ☐ Occasional ☐ Rare
11.	What happened? What was the cause of the accident?
12.	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:
2.	Corrective action taken at the worksite, (corrective actions must be implemented – they ensure the incident will not happen again.):
3.	Further actions/recommendations or comments:
4.	Drawings/photos (please include photos of the scene, equipment, injuries, etc.).

D. SIGNATURES

Written By:	Date

S&H Committee Worker Co-Chair:	Date

Principal/Supervisor:	Date