

PRINCIPAL/SUPERVISOR TO COMPLETE

**WAYNE COUNTY BOARD OF EDUCATION
OCCUPATIONAL INJURY INVESTIGATION REPORT
(To be completed by immediate Supervisor)**

This report must be completed and attached to the Injured Employee Report and Witness Interview Reports if applicable and sent to the Safety Director within 24 hours of accident.	Mark n.a. (not applicable) items that do not apply to the incident. Write "none, unknown, or don't know" for applicable items for which there is no answer.
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Name of Injured Employee _____ Work Location _____

Age ___ DOB ___/___/___ SS# _____ Sex: M F Occupation: _____

Date of Accident _____ Time of Accident _____ am ___ pm ___ DATE OF REPORT _____

Date Injury Reported _____ am ___ pm ___ Date lost time Began _____ am ___ pm ___

Please answer the following questions:

1. Describe injury (type, body part, etc.) _____

2. Exact location at which accident occurred: _____

3. What happened? Describe the accident explaining what the employee was doing, how he/she was doing it, what initiated the accident, type of accident (fall, trip, slip, cut, exertions, etc.) and any relevant background information _____

4. Did the injured or other person do or fail to do anything that contributed directly to the accident? Be specific, (Ex., "Used ladder too short for job", "stood on folding chair", "failed to secure ladder".) Do not say "careless", "poor judgment", etc. _____

5. Did any defective or otherwise unsafe condition(s) of tools, equipment, machinery, structures or work area contribute directly to the accident? If so, describe in detail. _____

6. Were pictures taken of the accident? Yes No

7. Were there witnesses? Yes No If there were witnesses, did they complete a Witness Interview Report? Yes No

If the employee seeks medical attention, have employee contact Safety Director at 272-5116, Ext. 357, so proper information can be sent to insurance carrier. Employee cannot return to work until the Safety Department receives a release from the employee's physician.

Signature of Immediate Supervisor or Principal Date Reported _____