

SCHOOL DISTRICT NO. 64 (GULF ISLANDS)

ACCIDENT INVESTIGATION REPORT

Information						
Date:	Site/Location of Accident		Date of Accident __/__/__ Time: ____:____ am/pm			
Worker's Name:	Worker's Occupation		Worker's Phone Number			
Part of the Body Injured:	Nature of the Injury:		Lose Time: Yes __ No __ HCO? Yes ____ No ____			
Object/Equipment/Substance Inflicting Harm:	Name of Witnesses:		Supervisor:			
Doctor's Name:			Doctor's Number:			
Near Miss:	First Aid:	Medical	Time Loss	Fatal	Minor Damage	Severe Damage
Possibility of Recurrence		Never	Rare	Occasional	Frequent	
Description of Accident:						

Sequence of Events Preceding the Incident:
Cause Analysis:
Immediate Causes: What substance, act/practices or conditions caused or contributed to this event?
Basic Causes: What specific personal or job/system factors caused or contributed to this event?
Action Plan:
Remedial Action: What has been or should be done to control the cause listed above?
Action to be taken by:
Investigation Team Members?
Signatures:
Reviewed By:

Comments:

Accident Investigation

