Beverly Hills Unified School District

Human Resources Office - Phone 310-551-5100 ext. 2237, Fax (310) 227-6137

Supervisor's Accident Investigation Report

Work Site/BHUSD Location _____

_____

Injured Employee's Full Name | *Regular Job Assignment/Classification*

_____ | _____

Date and Time of Accident | *Location of Accident (area/department)*

__ AM |

_____ PM | _____

Equipment involved?/Evidence saved? Photographs? __ Yes __ No (please attach)

_____

Accident Reported To | *First Aid? __ Yes __ No*

| *Employee sent to Clinic? __ Yes __ No*

_____ | *Hospital/911 Call?* _____

Witnesses? (names, work locations, phone #'s, etc.)

_____

Supervisor's description of accident/injury (Please attach additional pages, if needed)

_____

Cause of Accident/Injury

_____*Identify contributing factors from the list below*

§	**Working Conditions**	§	**Equipment/Machinery**	§	**Physical/Mental Condition**
	Poor Housekeeping		*Faulty Tools*		*Fatigued*
	Poor Ventilation		*Faulty Machinery*		*Sluggish*
	Poor Lighting		*Lack of Maintenance*		*Weak*
	Temperature: __ Hot __ Cold		*Improper Guarding*		*Sick*
§	**Building/Plant Conditions**		*Guards Removed*		*Personal Problems*
	Fire Protection Inadequate		*Guards Missing*		*Drunk/Drug Use*
	Exits Unmarked		*Guards Tampered With*	§	**Attitude/Discipline**
	Exits Blocked	§	**Dress/Safety Equipment**		*Disobeyed Rules*
	Unguarded Door Opening		*Protective Wear Not Used*		*Attention Distracted*
§	**Employee's Condition**		*Protective Wear Not Available*		*Inattentive*
	Inexperienced/Unskilled		*Safety Equipment not available*		*Fooling/Horseplay*
	Insufficient Training/Instruction		*Clothing loose or too long*		*Attempted Shortcuts*
	Instructions Disregarded		*Failure to Wear Safety Shoes*		*Was Hasty*
	Instructions not enforced		*Faulty Shoes/High Heels*		*Did not follow safe procedure*
	Used Poor Judgment				

Could this accident have been prevented? Explain

_____

Action needed to prevent recurrence

_____

Did Employee return to work? __ Yes __ No

_____

Date of Report | Supervisor's Signature | Prepared by

_____ | _____ | _____

First aid only required, no WC injury ____ Medical Treatment/Lost time, WC reported injury _____