



EMPLOYEE ACCIDENT INVESTIGATION REPORT

CONFIDENTIAL

Employee (or other staff) completes Step 1 (#1-12) and *immediately* scan and email to Human Resources, or fax to 952-681-6449

Supervisor completes Step 2 (#13-15) shortly after and submits the *original* copy to Human Resources via district mail

All accidents must be reported within 24 hours

Please print clearly with as much detail as possible

Step 1 – to be completed by employee (or other staff) within 24 hours

1. Employee Name (last, first, m.i.)		
2. Department	3. Supervisor Name	
4. Time of Accident	5. Date of Accident	6. Date Accident Reported
7. Building Name	8. Exact Location of Accident	

9. Provide a detailed description of the accident (what, why and how the accident occurred)

10. Is there a witness? Y / N Name: _____ Phone #: _____

11. Body part(s) injured: Both Sides Left Right

12. Head Neck Shoulder Upper Back Lower Back Elbow Wrist Hand
 Finger(s) Torso Hip Leg Knee Ankle Foot Toe(s)
 Other _____

Employee Signature: _____ Date: _____

Step 2 – to be completed by Supervisor

13. Supervisor's Description of Accident (Write a thorough description of the accident based on employee & witness statements: what happened, who was involved, where, when, why)

14. Cause of Accident (Identify any contributing factors, base causes, conditions and/or unsafe acts)

15. Corrective Action and Follow-up (Outline equipment, work process, training or other changes to prevent reoccurrence)

Supervisor Signature: _____ Completion Date: _____