

Randolph County School System
Accident Investigation Report
For Employee & Visitors
To be completed immediately following each occurrence
Submit to Personnel Dept. within 24 hours. – Attn.- Kayla Williamson

School: _____ Date: _____

Employee Name: _____ Job Title: _____

Length of Employment: _____ Date/Time of Accident: _____

Location of Accident: _____

Description of Accident: _____

Describe Injury: _____

- ☐ Rejected Worker's Comp Filing ☐ Received First Aid Treatment
- ☐ Worker's Comp Filed ☐ Received Medical Treatment ☐ Doctor ☐ Hospital
- ☐ Transported by Personal Vehicle by _____ ☐ Requested by Patient/Family
- ☐ Transported by Ambulance Authorized by _____

CAUSE OF INCIDENT:

- Unsafe Acts: ☐ breaking up fight ☐ careless ☐ clumsy
- ☐ distracted ☐ improper lifting ☐ inexperienced
- ☐ in a hurry ☐ insubordination ☐ sleepy
- ☐ lack of attention ☐ use of alcohol/drugs ☐ horseplay
- ☐ no PPE *Personal Protective Equipment (gloves, safety glasses, etc.) ☐ other
- Unsafe Conditions: ☐ blood exchange ☐ congested area ☐ cramped space
- ☐ floor stripping ☐ foggy conditions ☐ greasy surface
- ☐ icy surface ☐ ladder (not used) ☐ ladder (unsafe)
- ☐ poor lighting ☐ railings damaged ☐ stairs
- ☐ steps ☐ step stool (not used) ☐ wet surface
- ☐ wet wax ☐ poor ventilation ☐ uneven walking surface

☐ Principal/Supervisor Reviewed/Discussed With Employee

PRINCIPAL/SUPERVISOR COMMENTS _____

Principal/Supervisor Signature

Date

EMPLOYEE COMMENTS: _____

Employee Signature

Date

Principal/Supervisor Corrective Action(s) Taken

Person(s) Responsible

Target Date

Date Complete

****NOTE**** ☐ **REQUIRES MAINTENANCE DEPARTMENT CORRECTION**

Report Corrective Action(s) Updates Completed by: (Maintenance) _____

Signature

Date

Maintenance Comments: _____