

Principal/Supervisor to **immediately call** ESD Safety Officer and ESD Superintendent.

This phone call initiates the investigation response by ESD Safety Officer.

If a **STUDENT** accident, Principal will investigate.

If an **EMPLOYEE** accident, Principal, ESD Safety Officer and WHS Site Representative will investigate.

Principal will compile information and submit this report within 24 hours of accident.

Others may become involved as needed.

| PART ONE: | | |
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| Date: | | |
| School / Building: | | |
| Location where accident occurred: | | |
| Time of accident: | | |
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| Name of injured person: | | |
| Address: | | |
| Phone Number: | | |
| Employee or student: | | |
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| PART TWO: | | |
| Describe injury: | | |
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| How did it happen? Provide as much | detail as you can. | |
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| Please attach an | y photographs or drawings that would help in | |
| unders | tanding how this accident happened. | |
| Who witnessed accident? What did they see? (Provide brief summary of witnesses' accounts) | | |
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| Was First Aid administered? | | |
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| If yes, what was done and by whom? | | |
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| Was outside emergency assistance re | equired? | |
| and the second s | ng. n | |

| If yes, provide details. | |
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| Are you aware of any defective or unsafe condition(s) of tools, equipment, machinery and/or work | |
| area that may have contributed to the accident? | |
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| Are you aware of any damage to property, equipment or vehicles? | |
| Are you aware or any damage to property, equipment or vehicles: | |
| | |
| Do you have any suggestions to help prevent this type of accident from reoccurring? | |
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| What actions have you already taken? | |
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| Principal/Supervisor: | |
| Date: | |
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| PART THREE: FOLLOW – UP (for employee accidents only) | |
| Summary Statement: | |
| We believe the direct cause of accident was/We believe the indirect cause of accident was | |
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| Further actions taken/Further actions needed: (by whom, when, etc.) | |
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| Other December and tions: (Ion contemp) | |
| Other Recommendations: (longer term) | |
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| NOTE: Principal/Supervisor is responsible for communicating to Staff further actions taken in response to accident and in preventing reoccurrence. | |

| Names of persons involved in completing this report: | |
|--|---|
| Name | Role |
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| NOTE: Principal to retain a co | by and forward copies to ESD Safety Officer and ESD Superintendent. |