TUCSON UNIFIED SCHOOL DISTRICT

EMPLOYEE ACCIDENT INVESTIGATION REPORT

(TO INVESTIGATE ACCIDENTS INVOLVING TUSD EMPLOYEES -
TO BE COMPLETED BY EMPLOYEE'S IMMEDIATE SUPERVISOR)

TAB FROM ONE BOX TO THE NEXT TO FILL-IN FORM. DO NOT USE THE RETURN/ENTER KEY

HOME SCHOOL/FACILITY:

INJURED PARTY:	LAST NAME	FIRST NAME	MI	EMPLOYEE ID NUMBER
WHEN:	DATE & TIME OF ACCIDENT	HAS EMPLOYEE RETURNED TO WORK: ☐ YES ☐ NO DATE: _____		
	ACCIDENT REPORTED TO SUPERVISOR PROMPTLY? ☐ YES ☐ NO	IF "NO", WHY?		
WHERE:	DETAILED LOCATION WHERE ACCIDENT OCCURRED:			
INJURY:	TYPE OF INJURY (SCRATCH, CUT, BRUISE, ETC.)	DID EMPLOYEE REPORT INJURY TO THE ALLIANCE? ☐ YES ☐ NO	DID EMPLOYEE SEEK MEDICAL CARE ? ☐ YES ☐ NO	
	WAS EMPLOYEE TAKEN TO THE EMERGENCY ROOM? ☐ YES ☐ NO WAS EMPLOYEE ADMITTED TO HOSPITAL? ☐ YES ☐ NO			
	DESCRIPTION OF THE ACCIDENT: (Detail What Employee Was Doing, What Objects, Tools, Machines, Structures, And Equipment That Were Involved			
	WAS THIS PART OF EMPLOYEES REGULAR ASSIGNED DUTIES? ☐ YES ☐ NO			
	WAS EMPLOYEE DOING SOMETHING OTHER THAN ASSIGNED DUTIES AT THE TIME OF THE ACCIDENT? ☐ YES ☐ NO			
WHY:	DETERMINE ACCIDENT CAUSES & COMMENT FULLY. LIST ANY WITNESSES: ☐ UNSAFE CONDITION ☐ UNSAFE PROCESS ☐ UNSAFE BEHAVIOR COMMENTS: WITNESS(ES):			
PREVENTION:	SUGGESTIONS TO PREVENT REOCCURRENCE OF THIS TYPE OF ACCIDENT:			
	FOLLOW UP REQUIREMENTS : WAS A WORK ORDER SUBMITTED: ☐ YES ☐ NO			

INVESTIGATOR (EMPLOYEE'S IMMEDIATE SUPERVISOR)	DATE:	PRINCIPAL'S/DIRECTOR'S REVIEW:	DATE:
(PLEASE PRINT OR TYPE)		(SIGNATURE)	
TITLE:		RISK MANAGEMENT ASSESSMENT NEEDED ☐ YES ☐ NO IF YES FORWARD TO RISKMANAGEMENT@TUSD1.ORG	
INVESTIGATOR'S SIGNATURE:			

ATTACH SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED

Please fax to 623-1311, Workers' Compensation, – OR – Email to WorkersComp@tusd1.org

Workers' Compensation | Tucson Unified School District
1010 E. 10th St., Tucson, AZ 85719 | Phone (520) 225-6646 | Fax (520) 623-1311
http://www.tusd1.org/