



VERNON PUBLIC SCHOOLS

ACCIDENT/INCIDENT INVESTIGATION FORM

To be completed by the employee's supervisor or other responsible administrative official.

Claimant Name:		Date of Incident:	
Incident Location:		Employer's Premises: <input type="checkbox"/> YES <input type="checkbox"/> NO Job Site: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee <input type="checkbox"/> Student	Department Assigned to:		
What property/equipment was damaged?			
Was equipment secured from service? <input type="checkbox"/> Yes <input type="checkbox"/> No Where is equipment located now?			
Property/equipment owned by:			
What was the injured doing when the incident occurred - specific activity and/or work process?			
All equipment, materials, chemicals, or other items the injured was using when the accident/incident occurred:			
Describe environmental conditions where the incident happened (weather/lighting/facilities):			
Was employee trained in the appropriate use of protective equipment/proper safety procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Outside agency responding? <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Public Health <input type="checkbox"/> N/A <input type="checkbox"/> Other:			
Actions taken to prevent reoccurrence:			
What condition and type of footwear was the injured wearing?			
Were photos taken to document the conditions of the incident area? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Supervisor/Administrator's Signature:			Date:

PLEASE ATTACH A DIAGRAM AND/OR PHOTOS OF THE ACCIDENT/INCIDENT.

Please fax to Central Office 860-870-3765 or email to: safety@vernon-ct.gov.