



CARTER COUNTY SCHOOLS INCIDENT INVESTIGATION REPORT

1. Employee Information

Name: _____

Incident Date: _____

2. Time of Incident

_____ A.M.
_____ P.M.

3. Was the incident during the employee's normal work schedule?

Yes No Other (explain below)

4. Day of Week

Mon Tues Wed Thurs
 Fri Sat Sun

5. Location

Bus	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	Office Area	<input type="checkbox"/>
Classroom	<input type="checkbox"/>	Outside	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>	Parking Lot	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	Sidewalk	<input type="checkbox"/>

Other: _____

6. Did incident occur on employer's premises?

Yes No

7. Action taken/treatment

No medical treatment
 First Aid (on-site)
 Medical Treatment (minor, doctor visit)
 Emergency Care

8. Did the employee miss any work?

Yes No

9. Provide an explanation of the incident.

10. Part(s) of Body Affected

11. Type of Incident

Burn	<input type="checkbox"/>
Caught In/Between	<input type="checkbox"/>
Cuts/Lacerations	<input type="checkbox"/>
Fall – Different Level	<input type="checkbox"/>
Fall – Same Level	<input type="checkbox"/>
Strains/Overexertion	<input type="checkbox"/>
Struck By/Against	<input type="checkbox"/>
Student Conflict	<input type="checkbox"/>
Vehicle Accident	<input type="checkbox"/>
Other (explain below)	<input type="checkbox"/>

12. Did the employee report any of the following?

- Back Strain
 - Sprain
 - Dislocation
 - Fracture
 - Contusion (bruising)
 - Open Wound
 - Burn
 - Hearing Loss
 - Other (explain below)
-

13. Was personal protective equipment used at the time of the incident? If so, explain.

Yes No

Explain: _____

14. Note any additional information and recommendations to avoid this accident from occurring again.

Employee: _____

Date: _____

Completed by: _____

Title: _____

Date: _____

Submit this report to P. Kouns at the Central Office.