



## ACCIDENT/INCIDENT NOTIFICATION & INVESTIGATION FORM COMPLETION INSTRUCTIONS

### Non-employee injury or property/vehicle damage including theft

One of the most important components of an incident prevention program is incident investigation. With the knowledge gained from thorough and accurate incident investigations, deficiencies in our facilities and operations can be detected and corrected. Such deficiencies could be in training or in rules for walking surfaces or any other part of the program. The following procedures are appropriate for an incident investigation.

#### VICTIM & WITNESS STATEMENTS

A statement should be taken from the incident victim and other employees as soon after the incident as possible. When interviewing the victim and witnesses, stick to the facts:

- **Who** was injured?
- **When** did it happen?
- **Why** did they think it happened?
- **What** were the unsafe conditions or practices involved?
- **Where** did it happen?
- **How** did it happen?

Try to put the events in the sequence that they occurred. Determine the unsafe conditions and practices that contributed to the incident. These conditions and practices might include slippery walking surfaces; cluttered walking surfaces; footwear; broken floorboards or stair treads; inadequately sized stair treads; loose or missing handrails or guardrails; poor illumination; or packages carried; actions by the victim or others before the incident; physical health and well being; walking aids and eyeglasses among others. The attached checklists will be helpful in determining unsafe conditions.

#### PHYSICAL EVIDENCE

Take photographs of the incident scene, equipment involved, or other conditions that may have helped cause the incident. Indicate the name of person taking the photograph, date and time of the photos and description on the back of the photos.

#### RENDER ASSISTANCE

Record actions taken to assist the victim with the injury. Include first aid rendered, whether a doctor's visit was recommended, a hospital recommended and transportation provided. Identify emergency service that provided treatment or transport.

#### DO NOT:

1. Mention insurance. If a question arises as to payment of bills, advise the victim that a report will be submitted and a representative will call to discuss it further. (This step refers to non-employee victims.)
2. Make an admission of fault or mention prior incidents from the same alleged cause.
3. Ask that any bills be sent to the district. (Non-employee victims only.)
4. Hold incident reports awaiting information. They can be supplemented later.
5. Argue with the victim. Stick to the facts and take the statement of the victim as it is given.

#### DO:

1. Call and report the incident to Claudia Cox as soon as possible (Non-employee victims only).
2. Demonstrate concern for the victim's welfare. Follow up with victim to verify facts; follow progress of treatment for injuries.
3. Try to obtain the victim's signature on statements that the victim has made.

#### CORRECTIVE PROCEDURES

Once the contributing factors of the incident have been determined, take the appropriate corrective actions immediately and document such actions. The incident investigation form may be used to help determine unsafe conditions contributing to the incident, and may also be used to document the appropriate corrective actions



GREENVILLE COUNTY  
**SCHOOLS**  
*Where enlightening strikes*

**ACCIDENT/INCIDENT NOTIFICATION & INVESTIGATION FORM COMPLETION INSTRUCTIONS**  
**Non-employee injury or property/vehicle damage including theft**

The purpose of this form is to document, review and report accidents or injuries that occur in the District to determine insurance coverage, take corrective action and prevent future claims.

<input type="checkbox"/> Student <input type="checkbox"/> Visitor Name (injured party):	Address:	Telephone No. (home/work):
School (location):	School (location) Contact Phone Number:	

**Accident/Incident Notification (Description of events)**

Describe scene & events leading to or causing the accident or incident (include date & time):

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Describe injuries or damage (provide police/fire case # and itemized list of stolen/damaged property)?

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Was medical care rendered? If yes, what? By whom?

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**Witness Information**

Name	Address	Telephone No. (home/work)
Name	Address	Telephone No. (home/work)
Name	Address	Telephone No. (home/work)

**Accident/Incident Investigation (Analysis)**

What was the primary cause of the accident/incident?

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Condition of the area:  
 Well lighted  Congested  Clear of Debris  Slippery

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What was root cause of accident/incident?

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What should be done to prevent a recurrence?

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What have you done so far? Have any corrective actions been taken?

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Staff member completing investigation:	Position Title:	Date
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Principal's/Supervisor's Signature

Position Title:

Date

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