

SCHOOL DISTRICT NO. 50 (HAIDA GWAI/QUEEN CHARLOTTE)
INVESTIGATION REPORT OF EMPLOYEE /STUDENT
ACCIDENT/INJURY/NEAR MISS

Who should complete this form?

- 1) School Safety Committees if an accident or injury has occurred, or
 2) Employees if they have had a close call or near miss but have not been injured

Date of Report: _____

Report Completed By: _____

Last Name of Injured Person:	First Name:	Job Title:
Date of Accident:	Time of Accident:	Location of Accident:
Supervisor's Name & Job Title:		Name of Witnesses:
Full Description of Injuries:		
Description of accident/incident or employee's account, including sequence of events preceding the accident:		
Basic cause and contributory causes. Explain fully unsafe act, unsafe condition, personal factor, other:		
Recommended Corrective Measures:		Action By:
Names of Inspection Team Participants:		
Management Review By:		Date to be Completed By:

