

Coppell ISD
Incident Investigation Report

Please answer all of the following questions and email to Beverley Waite @bwaite@coppellisd.com or fax to 214-496-6047 on the day of the incident. Please print all information.

1. Name of Employee: Last: _____ First: _____ MI: _____
2. Home Address: Street: _____
City: _____ Zip Code: _____ Phone: _____
3. Sex: (circle) Male Female
4. Date of Birth: _____
5. Social Security: (last 4 digits only) _____
6. Marital Status: _____
7. Employee's Occupation: _____
8. Employment Date: _____
9. Days worked per week: _____ Hours worked per week: _____
10. Circle One: Full Time Part-Time
11. This incident is an: **Injury** **Disease** **Fatality** **Near-Miss**
12. Today's Date: _____
13. Date of Incident: _____
14. Time of Incident: _____
15. Time employee started work: _____ AM or PM
16. Location of Incident(Campus/Building): _____ Specific Location: _____
17. Job Task at time of Incident: _____
18. Name of employee's immediate supervisor at the time of the incident: _____
19. Witnesses: List full name and phone number:
Witness Name: _____ Phone Number: _____
Witness Name: _____ Phone Number: _____
Witness Name: _____ Phone Number: _____

20. Parts of body affected (be specific) Examples: right thumb, left ankle, lower back, abdomen, etc.

21. Nature of Injury or Illness Examples: puncture, laceration, bruise, strain, bite, abrasion, etc.

22. Do you anticipate this employee will have lost days from work as a result of this injury? YES or NO

23. Initial Treatment for Injury: Circle as many as applicable:

No Treatment Given First Aid Given on Site Doctor Visit Hospital Fatality

24. Name, address and phone number of treating physician or hospital (if applicable):

25. What condition of tools, equipment or work area contributed to incident?

26. What action or inaction of employee(s) contributed to the incident?

27. What is the probable recurrence of this type of incident? Frequent Occasional Rare

28. Who will implement the plan of action to prevent the recurrence and what is the target date for completion?

29. What corrective actions have been taken or are planned to prevent recurrence?

30. Employee's written description of incident (attached additional sheet if necessary):

Signature of Employee: _____

31. Supervisor's written description of the incident (attached additional sheet if necessary):

Signature of Supervisor: _____

32. Time/Date Beverley Waite was notified of the incident: _____

33. Time/Date this report was sent to Beverley Waite: _____

Principal or Administrator Signature: _____ Date: _____

