

CLARK COUNTY SCHOOL DISTRICT SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT

Location Code:	Date of Occurrence	Time AM PM	Site or School Name	Date Reported
<p>For near miss incidents, proceed to incident description below double line. For vehicle related accidents, Form CCF-102 shall also be completed and submitted to Risk Management within 24 hours. For on the job injury or occupational disease, the state required C-1 form must be completed.</p>				
INJURY/ILLNESS			Witnesses (Name & Title)	
Injured's Name		Age	Property and Vehicle Damage	
Job Title		Department		
Body Part Injured		Type of Injury	Description of Property or Vehicle Damage	
Object/Equip./Substance Inflicting Injury			Type of Damage	
<p>Describe clearly where (classroom #, kitchen, playground, etc.) and how the accident/incident occurred:</p> 				
<p>Is there a published CCSD Safety Standard or Directive on the injuring work activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, was it complied with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>What acts, failures to act and/or conditions contributed most directly to this accident/incident? (see back of third copy for examples)</p> <p>What are the specific reasons for the existence of these failures, acts and/or conditions? (see back of third copy for examples)</p>				
<p>Loss Severity Potential (see back of third copy)</p> <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor			<p>Probable Recurrence Rate (see back of third copy)</p> <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare	
<p>What action has or will be taken to prevent recurrence? Place X by actions already completed. Please be specific. (see back of third copy for examples)</p> 				
Investigating Supervisor/Title		Date	Reviewed by/Title	

ANALYSIS & PREVENTION EXAMPLES

(Note: These Are Only Examples)

ACTIONS:

Some examples of possible contributing **actions**:

- Failed to use proper equipment
- Used defective equipment
- Used equipment unsafely
- No protective equipment
- Safety Standard deviation
- Used wrong tool/equipment

CONDITIONS:

Some possible examples of contributing **conditions**:

- Poor housekeeping
- Defective equipment
- Proper equipment unavailable
- Unexpected student actions
- Unsafe attire
- Fall hazards

REASONS:

Some possible examples of **reasons** action and condition hazards were present:

- Unaware of hazard
- Low level job skill
- Rule infractions
- Safety inspection failure
- Wear, deterioration, abuse
- Faulty design/construction

PREVENTION:

Some possible examples of **preventative actions** to be taken:

- Instruct/reinstruct employees
- Publish written guideline/standard
- Repair/replace equipment
- Improve design/procedure
- Discipline employee
- Obtain safer material/equipment

SEVERITY AND RECURRENCE POTENTIAL GUIDELINE

LOSS SEVERITY POTENTIAL

PROBABLE RECURRENCE RATE

MAJOR

Future occurrences could result in property losses greater than \$25,000 or injuries resulting in 10 days or more away from work.

FREQUENT

Similar accidents/incidents likely to occur one or more times per month.

SERIOUS

Future occurrences could result in property losses between \$1,000 and \$25,000 or injuries resulting in restricted duty or up to 10 days off duty.

OCCASIONAL Similar accidents/incidents likely to occur 1 to 12 times per year.

MINOR

Future occurrences could result in property losses up to \$1,000 or First Aid treatment injuries only.

RARE

Similar accidents/incidents unlikely to occur in future or likely to occur less than once per year.