CCSD
CLARK COUNTY
SCHOOL DISTRICT

SUPERVISOR'S ACCIDENT/INJURY/INCIDENT INVESTIGATION REPORT

Dept./School: Loc. #: Address:

Employee Name: Date of Injury/Incident:

Date of Birth: Employment Status: ☐ 9 Month ☐ 10 Month ☐ 11 Month ☐ 12 Month
☐ Part-Time ☐ Full-Time ☐ Permanent ☐ Temporary ☐ Probationary

Position Title: Length of Time in Position: Work Shift Hrs:

Was the employee performing regular job duties? If not, explain:

Any recent changes to shift hours? (Explain)

Location of Accident: Day of Week:

Time of Day: Body Part Injured: Type of Injury:

Injury Severity: ☐ First Aid ☐ Doctor Visit ☐ Emergency Care ☐ Fatality
C-1 Completed: Date Completed:
C-3 Completed: Date Completed:

Lost Days from Work: Work Restrictions Issued:

Describe in detail what happened:

Did employee receive training in prevention of this type of injury: Training Date:

Describe any equipment damage/estimate cost:

WITNESSES: (Attach written statements. If non-CCSD employee, include work or home address)

Name: Job Title: Telephone:

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Employee's Supervisor at time of injury:

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CAUSES OF ACCIDENT/INJURY: Mark all that apply

Environmental:	Work Conditions:	Personal Factors:
☐ Weather Conditions	☐ Poor housekeeping/clutter	☐ Unsafe act
☐ Heat	☐ Defective equipment/tools	☐ Lack of knowledge/skill
☐ Cold	☐ Inadequate workspace	☐ Improper motivation
☐ Noise	☐ Uneven/wet walking surface	☐ Inadequate planning
☐ Smoke/fumes	☐ Inadequate protective equipment	☐ Fatigue/stress
☐ Dust	☐ Inadequate lighting	☐ Deviation from procedure
☐ Third party	☐ Inadequate ventilation	☐ Violation of safety rules
☐ Other:_____	☐ Other:_____	☐ Other:_____

CORRECTIVE ACTION PLAN (Include immediate, short-term and long-term plan)

Immediate action:

Assigned to: Date Completed:

Short term plan:

Assigned to: Date Completed:

Long term plan:

Assigned to: Date Completed:

Additional Information:

Investigation Completed By: Date:

Reviewed By: Date:

Send copy of reports to Risk Management within seven (7) days of incident at 799-2995 Fax or Safety@nv.ccsd.net

Submit by Email