

# Richmond County School Board

Completion of this form is required for all work related injuries/illness. The supervisor is to conduct a preliminary investigation, then complete this form and submit it to the Workers Comp Office.

## Employee Information

Employee Name \_\_\_\_\_  
Employee Job Title: \_\_\_\_\_  
Employee Work Location: \_\_\_\_\_

## Injury Information

Date of Injury/Accident: \_\_\_\_\_ Time of Injury/Accident: \_\_\_\_\_ Location of Injury/Accident: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Reported to: \_\_\_\_\_

What task was the employee performing when the injury/illness occurred? \_\_\_\_\_

How did the injury/illness occur (describe in detail, provide all factors contributing to the incident): \_\_\_\_\_

List body part(s) injure \_\_\_\_\_

## Corrective Action

\_\_\_\_\_

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## Investigation/Violations Found Results

9/10/2015 10:10:10 AM

**Investigation/Violations Found Results**

- Inadequate guard
- Unguarded hazard
- Safety device is defective
- Tool or equipment defective
- Workstation layout is hazardous
- Unsafe lighting
- Unsafe ventilation
- Lack of needed personal protective equipment
- Lack

