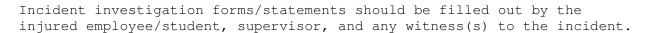


Includes:

Student/Employee's Report of Injury Form Incident Witness Statement Form Supervisor's Incident Investigation Form

Forms may be copied as needed.



Train your instructors and evaluators to conduct the preliminary investigation as soon as possible, and to notify the proper authorities immediately.

IMPORTANT - Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an incident insures that you, as the training agency, have an accurate account of the circumstances surrounding the incident.

These completed statements are important in helping to correct hazards and prevent the incident from recurring. They also help to spot possible thirdparty liability as well as possible fraudulent claims, which can help defend against any false claim.

After I have these forms completed - what do I do with them?

Please send the completed forms to the State Dept. of Education, and keep a copy for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' comp hearing or legal proceedings.

What if the injured party is physically unable to fill out the Employee's Report of Injury?

Use common sense and good judgment. Remember, your employee's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the incident.

What if the injured party refuses to fill out or sign an Employee's Report of Injury?

Of course, you cannot force anyone to fill out a document. You can, however, stress the importance of getting his/her account of the incident to help prevent a similar incident from happening again. Also, still obtain the supervisor's report as well as any witness statements.

What if the injured party has retained an attorney - Can I still ask him/her to fill out an Employee's Report of Injury?

Yes! You, as a representative of the training agency, can still ask the individual to fill out any necessary report form(s).

rev. 12/14/12



Student/ Employee's Incident Report

(To be completed	by the employee	or student only	.)
Employee's name:	Last	First	Middle
Male Female	SSN:		
Date of birth:	/Ho:	me telephone #()
Home address:			
City:		State: _	Zip Code:
Present classific	ation:		
How long employed	or in training	here?:	
Location of Incid			
Date and time of	Incident:		
immediately befor	e the Incident):		events that occurred
			out body part(s) affected):
Recommendation on recurring:	<u>-</u>		rom
Name of superviso Phone#			
When did you repo	rt the Incident	to your instruc	tor/supervisor?
To whom did you r	eport the injury	?	
Do you require me	dical attention?	Yes: No	: Maybe:
Name of your trea Phone#			
Signature of empl	oyee:		Date:
rev. 12/14/12 (fo	rm may be copied	as needed)	

Incident Witness Statement

(To be completed by witness each witness.)	to the inc	ident. Please	use separa	ate forms for
<pre>Injured individual's name:</pre>				
-	Last	First		Middle
Name of witness:			Ph#	
		st Middle		
Job title of witness:				
Currently employed by RESA?	Yes/No If	so, how long?		
Home address of witness:				
City:				
Location of incident (build	ing, room,	etc.):		
Date of incident:				
Time of incident (approx.):		·		
Describe fully how incident up to the incident):		_		_
Describe any bodily injury affected):			out body p	part(s)
Recommendation on how to pr	ovent this	incident from	rogurring	
Recommendation on now to pr	evenc chis	incident from	recurring	
Signature of Witness:			Date	e :

rev. 12/14/12

Form may be copied as needed

Supervisor's Incident Investigation

(To be completed by the RESA Coordinator or other RESA administrator)
Location where incident occurred:
Date and time of incident or illness:
Who was injured? Student Instructor Other(specify)
Name of class:
Name of instructor/evaluator:
What property/equipment was damaged?
What was employee doing when the incident occurred? What machine or tool was being used? What type of operation?
How did the incident occur? List all objects and substances involved.
Any prior physical conditions? Yes/No If so, what?
Nature and extent of injury/illness and/or property damaged (be specific):
PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INCIDENT: Failure to lockout Improper maintenance Poor housekeeping Failure to secure Improper protective equipment Poor ventilation Horseplay Inoperative safety device Unsafe arrangement or use Improper dress Lack of training or skill Unsafe equipment Improper guarding Operating without authority Unsafe position Improper instruction Physical or mental impairment Other
Supervisor's corrective action to ensure this type of incident does not recur
Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? Yes No
Was employee cautioned for failure to use Personal Protective Equipment/Propersafety procedures? Yes No
Did employee promptly report the injury/illness? Yes No
Is there modified duty available? Yes No
Supervisor/Coordinator's name:
Supervisor/Coordinator's signature:
Phone# Date:

rev. 12/14/12 Form may be copied as needed