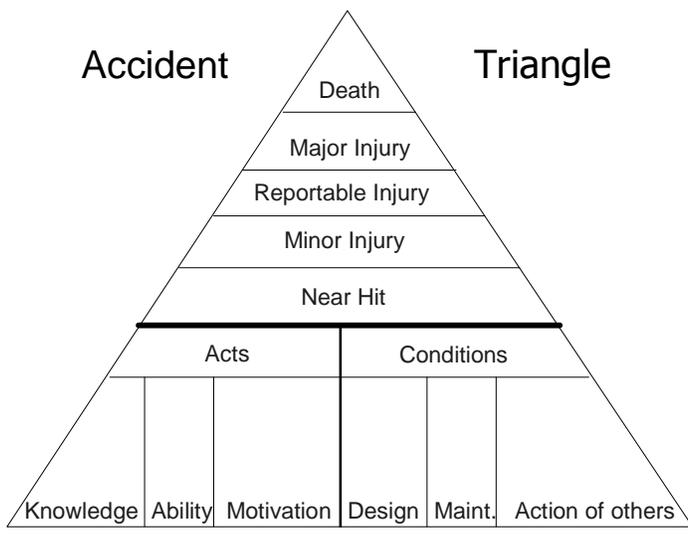


## PERRIS UNION HIGH SCHOOL DISTRICT ACCIDENT INVESTIGATION GENERAL INFORMATION

Timely and thorough accident investigation is an integral part of the overall Injury and Illness Prevention Program and the District's Workers' Compensation Program. This report of an accident is intended to fact-find not fault-find. The purpose is to determine the primary and contributing causes of the accident or illness so that appropriate action can be taken to prevent recurrence. With this in mind, the person conducting an accident investigation should utilize the following guidelines:

1. **Contact Risk Management (951) 943-6369 x 80281 or x 80282** for assistance with the investigation.
2. If possible, **discuss the accident at the scene** and take appropriate pictures.
3. **Show concern** for the employee's injury/illness, no matter how minor it is.
4. **Explain why** the investigation is necessary.
5. **Allow** the injured or involved **employee to relate** their account of the accident without interruption.
6. **Reiterate** a summary of the accident to assure proper and complete understanding of the employee's story.
7. **Use fact in resolving** any discrepancies in the employee's story.
8. If appropriate, **discuss means of preventing** recurrence.
9. A copy of this report goes to the Site Administrator/Supervisor, and Risk Management.



The diagram called the Accident Triangle is a tool for thinking things through. We can use it to understand how accidents happen and also to understand what we can do to prevent them.

The triangle is based on actual statistics collected over many years. Everything above the heavy black line is an accident or near miss that has happened. At the very top is the worst: a fatality. As you move down the triangle, the severity of the injury gets less and less, but the number of times that type of injury occurs goes up by a hundred times. In other words, for every fatality there are about 100 major injuries. Near misses are considered incidents that didn't result in an injury because you were just lucky. For example, if you slip and fall but didn't actually get hurt, you were lucky. Falls are a major source of injuries.

Below the heavy black line are listed the things that we can change to prevent accidents before they happen. All accidents are a result of an unsafe act or an unsafe condition (or maybe a combination of the two!) For example, unsafe acts that may lead to falls could include: carrying so much that we can't see where we are going, walking in one direction while looking in another, or choosing to wear slippery shoes. Examples of unsafe conditions are poor housekeeping, a wet floor, or icy stairs.



But whether an accident was caused by an unsafe act or an unsafe condition isn't the real story. What we would like to do is eliminate the act or condition that causes the accident to occur.

- Unsafe **acts** can be divided into three areas: knowledge, ability, and motivation. We can ask ourselves some questions to try and discover behaviors that we should change. Did I know that my shoes had a slippery sole? Am I able to carry 14 boxes and still see where I am going? Do I pay attention to where I'm walking or am I distracted by the other dozen things I need to get done?
- Unsafe **conditions** can be divided into three areas: design, maintenance, and the actions of others. We can also ask ourselves questions to identify unsafe conditions. Have I rigged up (designed) something that is just "an accident waiting to happen"? Is my equipment so worn out that it is just "an accident waiting to happen"? Has there been something left in such a way that I could trip over it?

Perris Union High School District  
**ACCIDENT INVESTIGATION REPORT**

(This report is confidential for transmission to attorneys for the District in the event that litigation arises out of this incident.)

Name of injured: \_\_\_\_\_ Site: \_\_\_\_\_

Job Title & hours: \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Hour: \_\_\_\_\_ Date reported: \_\_\_\_\_ Photos: Y / N

Investigator Name and Title: \_\_\_\_\_

**DESCRIPTION OF ACCIDENT:**

(Describe sequence of events and the injuries. Include who, what, where, when, why and any witnesses) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINDINGS:** (Attach separate page and/or photos if necessary) Ask, "What do you think caused this injury?"

**Surface Cause: Unsafe Conditions** (defective materials, environmental conditions, housekeeping, maintenance, situations)

\_\_\_\_\_

\_\_\_\_\_

**Surface Cause: Unsafe Acts:** (knowledge, motivation, ability, attitudes, attention, physical deficiencies) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Root Cause(s):** (Policies, procedures, supervision, training, decision-making, other factors) \_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATIONS:** (Indicate if any corrections have been done. Attach separate page if necessary) Ask, "What could be done to prevent this type of injury from happening again?"

**Immediate Corrections** (To reduce or eliminate unsafe acts and conditions – indicate Work Order # if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Long Term Corrections** (Policies, procedures, training, etc. to ensure unsafe conditions and or practices do not recur.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did employee seek medical care: Y / N (circle one)

If yes, name of medical facility/doctor: \_\_\_\_\_ Date/Time \_\_\_\_\_

**SUMMARY:** (Include further information. Weigh costs and benefits. Attach additional sheets such as witness reports if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prepared by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERRIS UNION HIGH SCHOOL DISTRICT  
WITNESS' REPORT OF EMPLOYEE INJURY**

Please type or print clearly

**EMPLOYEE WITNESS TO ACCIDENT:**

Name of Witness: \_\_\_\_\_ PUHSD Employee?  Yes  No

Job Title: \_\_\_\_\_ Work Site: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Name of Injured Employee: \_\_\_\_\_

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

Site and Exact Location of Accident: \_\_\_\_\_

\_\_\_\_\_

**WITNESS DESCRIPTION OF ACCIDENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN YOUR OPINION, WHAT DO YOU THINK WAS THE PRIMARY CAUSE OF THIS ACCIDENT?**

\_\_\_\_\_  
\_\_\_\_\_

**THE CONTRIBUTING CAUSES TO THE ACCIDENT?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORT COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_