RCCD | RIVERSIDE COMMUNITY COLLEGE DISTRICT

RISK MANAGEMENT

MORENO VALLEY COLLEGE | NORCO COLLEGE | RIVERSIDE CITY COLLEGE

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

COMPLETE **ALL** SECTIONS – ATTACH ADDITIONAL SHEETS IF NECESSARY
REPORT MUST BE COMPLETED FOR **ALL** INCIDENTS AND SENT TO RISK MANAGEMENT
DEPARTMENT VIA EMAIL TO **BJ.CAIN@RCCD.EDU**

College / District Location	College Safety Coordinator Name	Supervisor/ Person Completing Report

Location Address	Location Phone Number	Location Fax Number

Employee / Injured Party Name	Injured Party Phone

Job Title / Student / Other	Full Time____ Part-Time_____
	Student Employee_____Other _____

Date of Accident	Time of Accident ❏ AM ❏ PM	Date Reported	Late Report? ❏ YES ❏ NO

Specific Location of Accident/Near Miss	Injured Body Part (i.e. leg, arm, back, left or right)

Injury Type (i.e. cut, pain, skin rash)	Visual Description of Injury (i.e. bleeding, bump, redness, bruise)

Witness Name	Witness Address	Witness Phone

Was First Aid Given at the College/District Site? ❏ YES ❏ NO	If yes, by whom?	Type of Treatment Given (splint, bandage, etc.)

Was Medcor called? ❏ YES ❏ NO	Who called Medcor?

Equipment, materials, and/or chemicals the employee was using when injury happened?

How did the injury / near miss occur? *(use extra sheets of paper if necessary)*	Describe sequence of events. Get all the facts by studying the job and situation involved. Question **WHO, WHAT, WHY, WHERE, WHEN, and HOW**

IMMEDIATE ACCIDENT / INCIDENT CAUSE(S)

Section A - UNSAFE ACT
- ❏ Bypassing Safety Devices
- ❏ Distraction / Inattention
- ❏ Failure to Use Proper Equipment (PPE)
- ❏ Employee Performing Tasks Outside of Job Description
- ❏ Horseplay
- ❏ Improper Attire
- ❏ Improper Use of Body
- ❏ Improper Use of Equipment
- ❏ Incorrect Lift / Carry
- ❏ Unsafe Speed of Task
- ❏ Failure to Report Maintenance Issue
- ❏ Intentional Act
- ❏ Other
  _____

Section B - UNSAFE CONDITION
- ❏ Arrangement
- ❏ Congestion
- ❏ Design / Construction
- ❏ Guarding
- ❏ Tools/Utensils
- ❏ Traffic (Foot or Vehicle)
- ❏ Ventilation
- ❏ Failure to Report/Fix Unsafe Condition
- ❏ Maintenance Failure
- ❏ Other
  _____
  _____

What is the College / District Plan to Prevent Recurrence (Summarize). Examine causes and determine how this type of accident can be prevented in the future WHO will initiate plan, WHEN and HOW. This may include counseling the injured on proper future safety precautions.

Reporting Manager or Supervisor Signature	Today's Date: