

**GRANTS PASS SCHOOL DISTRICT #7**  
**Accident/Incident Investigation Report**  
**EMPLOYEE**

**WHO** was involved?

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Service: \_\_\_\_\_

**WITNESSES**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**WHEN** did accident/incident occur? \_\_\_\_\_

Date of accident/incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Time accident/incident occurred: \_\_\_\_\_ Work Shift: \_\_\_\_\_

**WHERE** did accident/incident occur?

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Equipment used: \_\_\_\_\_

**DESCRIPTION OF ACCIDENT/INCIDENT** (Describe the sequence of events.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINDINGS**

**Surface cause(s)**

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**Root Cause(s)**

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**RECOMMENDATIONS to prevent similar accidents**

**Immediate corrections** (Engineering controls, administrative controls, PPE)

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**Long Term Corrections** (Management Policies, decision making, supervision)

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**SUMMARY**

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Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Comments:**

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Attachments:(Photos, sketches, interview notes, etc.)

**Copy to:**

Administrator

Safety Officer