**Workers Compensation:**

**Accident Investigation Checklist**



* How Injury Occurred
* When Injury Occurred: Date and Time
* What Was Employee Doing At The Time Of The Injury: Lifting(How Much), Typing(How Often Daily/Hourly), Restraining Student(Properly Trained), Etc.
* Hire Date
* Witness Information: Name, Phone Number and Address
* Job Description: Include in Documentation (was employee performing appropriate work)
* Employee In The Course And Scope Of Employment At The Time Of Injury
* Anyone Else Injured During The Incident/Accident
* Type Of Injury, Body Part(s) injured
* Cause Of Injury: Cracked Sidewalks, Object on Floor, Etc.
* Anyone Else Responsible For Cause Of Injury: Landlord, Manufacturer, Driver of Vehicle
* Information For Responsible Party: Name, Address, Phone, Insurance
* Personal Protection Equipment Used (hard hat, gloves, goggles, Etc.)
* Safe Guards In Place (Wet Floor Sign, Saw Guards, Handrails, Etc.)