



# EMPLOYEE ACCIDENT INVESTIGATION REPORT

**CONFIDENTIAL**

Employee (or other staff) completes Step 1 (#1-12) and immediately scan and email to Human Resources, or fax to 952-681-6449  
Supervisor completes Step 2 (#13-15) shortly after and submits the *original* copy to Human Resources via district mail

**All accidents must be reported within 24 hours**

Step 1 – to be completed by employee (or other staff) within 24 hours

1. Employee Name (last, first, m.i.)		
2. Department	3. Supervisor Name	
4. Time of Accident	5. Date of Accident	6. Date Accident Reported
7. Building Name	8. Exact Location of Accident	

9. Provide a detailed description of the accident (what, why and how the accident occurred)

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10. Is there a witness? Y / N Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

11. Body part(s) injured:  Both Sides  Left  Right

12.  Head  Neck  Shoulder  Upper Back  Lower Back  Elbow  Wrist  Hand  
 Finger(s)  Torso  Hip  Leg  Knee  Ankle  Foot  Toe(s)  
 Arm  Chest  Other \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Step 2 – to be completed by Supervisor

13. Supervisor's Description of Accident *(Write a thorough description of the accident based on employee & witness statements: what happened, who was involved, where, when, why)*

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14. Cause of Accident *(Identify any contributing factors, base causes, conditions and/or unsafe acts)*

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15. Corrective Action and Follow-up *(Outline equipment, work process, training or other changes to prevent reoccurrence)*

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Supervisor Signature: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Office of Human Resources

Phone 952.681.6440  
Fax 952.681.6449



Educational Services Center  
1350 West 106<sup>th</sup> Street  
Bloomington, MN 55431-4126

[www.bloomington.k12.mn.us](http://www.bloomington.k12.mn.us)

From: Human Resources

Subject: Accident Report of Injured Employee Seeking Medical Attention

We are sorry to hear about your injury at work, your health and wellness are important to us! The incident will be submitted to our workers compensation carrier: **Risk Administration Services (RAS)**. They may contact you in the near future.

If you do not need medical attention, then no further action is necessary. For minor injuries you may visit a school health office.

**If you seek medical care**, then we recommend Concentra Urgent Care who specialize in occupational health care. For your convenience, Concentra bills the district directly so you are not involved with the payment process.

Concentra-Airport Clinic      OR  
7550 34th Avenue South  
Minneapolis, MN 55450  
Main Number 612-727-1167  
Monday-Friday 8:00 am – 5:00 pm

After 5 pm/weekends or Emergency  
Fairview Southdale Hospital  
6401 France Avenue South  
Edina, MN 55435  
Main Number 952-924-5141

Prior to returning to work, or the day you return to work if you have no restrictions you need to:

- Submit the Report of Workability (provided by the doctor) to Human Resources before the start of your next shift. Human Resources fax number is 952-681-6449 or you may scan and e-mail to Kristine Berg at [kberg@isd271.org](mailto:kberg@isd271.org).
- Keep all scheduled doctor appointments (your supervisor can arrange a ride).
- Follow doctor orders.
- Keep your supervisor informed of your recovery progress.

The school district has a return to work program, and will accommodate all restrictions. After each doctor visit it is important to notify Human Resources as soon as possible to make necessary workplace accommodations.

Most of all, TAKE CARE OF YOURSELF,  
we want to see you back at work!