



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: <input type="checkbox"/> Both Sides <input type="checkbox"/> Left <input type="checkbox"/> Right		
12. <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand		
<input type="checkbox"/> Finger(s) <input type="checkbox"/> Torso <input type="checkbox"/> Hip <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe(s)		
<input type="checkbox"/> Arm <input type="checkbox"/> Chest <input type="checkbox"/> Other _____		
Employee Signature: _____ Date: _____		

Step 2 – to be completed by Supervisor

13. Supervisor's Description of Accident	<i>(Write a thorough description of the accident based on employee & witness statements: what happened, who was involved, where, when, why)</i>
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14. Cause of Accident	<i>(Identify any contributing factors, base causes, conditions and/or unsafe acts)</i>
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15. Corrective Action and Follow-up	<i>(Identify equipment, work process, training or other changes to prevent reoccurrence)</i>
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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 106th Street
Bloomington, MN 55431-4126

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 MN Occupational Health or Concentra Urgent Care who specialize in occupational health care. For your convenience, both entities invoice the district directly so you are not involved with the payment process.

MN Occupational Health OR
1400 Corporate Center Curve
Eagan, MN 55121
Main Number 651-968-5300
Monday-Friday 7:30 am – 4:00 pm

Concentra – Airport Clinic
7550 34th Avenue South
Minneapolis, MN 55420
Main Number 612-727-1167
Monday-Friday 8:00 am – 5:00 pm

Prior to returning to work, or the day you return to work (even 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 Shannon Fabick at sfabick@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!