EMPLOYEE INCIDENT/INJURY INVESTIGATION REPORT

CONFIDENTIAL

Employee (or other staff) completes Step 1 (#1-12) and immediately fax to Human Resources at 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)*

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)*

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

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

Supervisor Signature: _____ Completion Date: _____

Office of Human Resources

Phone 952.681.6440
Fax 952.681.6449

BLOOMINGTON
Public Schools

Educational Services Center
1350 West 106th Street
Bloomington, MN 55431-4126

www.bloomington.k12.mn.us

From: Human Resources
Subject: 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	Concentra – Airport Clinic
1400 Corporate Center Curve		7550 34th Avenue South
Eagan, MN 55121		Minneapolis, MN 55420
Main Number 651-968-5300		Main Number 612-727-1167
Monday-Friday 7:30 am – 4:00 pm		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. Fax number is 952-681-6449.
- 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!