



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## Office of Environmental Health and Safety

# INJURY/ACCIDENT INVESTIGATION REPORT

This is a CONFIDENTIAL REPORT for use by Los Angeles Unified School district attorneys. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.

This report must be completed within 24 hours of an incident involving an injury to students, employees, or visitors. Do not use this form for contractors. If this is an employee injury report keep a copy of this investigation on at your location in a confidential file separate from personnel files. Do not keep copies of student or visitor injury investigations at your location. Attach additional documents, photos, etc., as necessary.

For assistance in completing this form, please contact the Office of Environmental Health and Safety at (213) 241-3199.

ISTAR Number: \_\_\_\_\_

DATE: \_\_\_\_\_

INCIDENT LOCATION OR COST CENTER NAME: \_\_\_\_\_

INCIDENT OCCURRED:  NEW  UPDATE  
 ON CAMPUS  OFF CAMPUS  DISTRICT FACILITY  DISTRICT SCHOOL BUS/VEHICLE

NAME OF REPORTER: \_\_\_\_\_

EXACT LOCATION OF INCIDENT: \_\_\_\_\_

REPORTER CONTACT NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

EDUCATIONAL SERVICE CENTER: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

REPORTER FAX NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_  AM  PM

REPORTER E-MAIL ADDRESS: \_\_\_\_\_

TYPE OF INCIDENT:  ACCIDENT  DEATH  INJURY  MEDICAL  
 asthma  intoxication  
 chest pain  medical transport  
 diabetes  seizure  
 faint  shock  
 illness  other \_\_\_\_\_

### INJURED PERSON/VICTIM

A separate Injury/Accident Investigation Report must be completed for each injured person. All employee injuries requiring more than first aid must also be reported to Sedgwick CMS at (800) 528-7392 within 24 hours.

Is this person a:  STUDENT  EMPLOYEE  PARENT/COMMUNITY MEMBER/VISITOR

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE EMPLOYEE NUMBER: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_ ASSIGNED SITE/LOCATION NAME: \_\_\_\_\_

Employee or Parent/Comm. Member/Visitor HOME ADDRESS: \_\_\_\_\_  
 CERTIFICATED  CLASSIFIED

Is this a parent of a student at the school?  YES  NO

If yes, name of child attending the school: \_\_\_\_\_ Grade: \_\_\_\_\_

### WITNESS INFORMATION SECTION

Is this person a:  STUDENT  EMPLOYEE  PARENT/COMMUNITY MEMBER/VISITOR

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE EMPLOYEE NUMBER: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_ ASSIGNED SITE/LOCATION NAME: \_\_\_\_\_

Employee or Parent/Comm. Member/Visitor HOME ADDRESS: \_\_\_\_\_  
 CERTIFICATED  CLASSIFIED

Is this a parent of a student at the school?  YES  NO

If yes, name of child attending the school: \_\_\_\_\_ Grade: \_\_\_\_\_



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PERSON WHO CAUSED THE INJURY OR SUSPECT INFORMATION SECTION

Is this person a:  STUDENT  EMPLOYEE  PARENT/COMMUNITY MEMBER/VISITOR

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE EMPLOYEE NUMBER: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_ ASSIGNED SITE/LOCATION NAME: \_\_\_\_\_

Employee or Parent/Comm. Member/Visitor

CERTIFICATED  CLASSIFIED

HOME ADDRESS: \_\_\_\_\_

Is this a parent of a student at the school?  YES  NO

If yes, name of child attending the school: \_\_\_\_\_ Grade: \_\_\_\_\_

Brief description of incident: How did this happen? What was the injured person doing at the time of the injury? Describe the events immediately preceding the injury. Identify any LAUSD employees involved in the accident and any tools, machinery, equipment, or vehicles involved. (Attach any pertinent document or photo.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What injuries resulted? Type of injuries and body part(s) injured. Example: sprained arm, severe cut in the leg, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did anyone see the injury happen?  Yes  No (Attach statement of each witness.)

Did anyone else cause this injury?  Yes  No

Was medical treatment needed?  Yes  No

Was an arrest made?  Yes  No

Was first aid administered?  Yes  No

If yes, who did it? \_\_\_\_\_ Name \_\_\_\_\_ Title/Occupation \_\_\_\_\_

Did the injured party go to a hospital/clinic?  Yes  No

If yes, describe medical treatment received. \_\_\_\_\_

Did a supervisor accompany injured person?  Yes  No

If yes, who was it? \_\_\_\_\_ Name \_\_\_\_\_ Title/Occupation \_\_\_\_\_

Doctor's Recommendation:  Unknown  Temporary Disability  Return to Full Duty  Restricted Duty

Doctor's Name: \_\_\_\_\_ Name of Medical Facility: \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Workers' Compensation Claim No. \_\_\_\_\_

Was parent/guardian or spouse/relative notified?  Yes  No \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_



# INJURY/ACCIDENT INVESTIGATION REPORT

SCHOOL/OFFICE NAME: \_\_\_\_\_

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**HOW COULD THIS ACCIDENT BE PREVENTED?**

**KEY FINDINGS:**

*This section must be completed by the employee's supervisor as required by Cal/OSHA.*

Were there factors that contributed to the injury?     Yes     No    If yes, what? \_\_\_\_\_

Was employee trained to perform this task safely?     Yes     No    If yes, describe training provided: \_\_\_\_\_

Did employee violate a safety rule?     Yes     No    If yes, describe rule: \_\_\_\_\_

**CONCLUSIONS:**

Please state reason(s) why the key finding(s) existed. (Example: "The employee did not follow proper work practices." or "The supervisor did not train employees on this safety procedure.")

\_\_\_\_\_

What actions did you take to prevent a recurrence of this injury/accident? \_\_\_\_\_

What do you recommend to prevent similar injuries? \_\_\_\_\_

Has this been implemented?     Yes     No

**REQUIRED REFERRALS**

Check if contacted:

Was this a "serious injury" to employee?    <sup>1</sup>     Yes     No     Unknown    If yes, call Cal/OSHA office closest to your location.   

Was DWC-1 Form provided to employee?     Yes     No     Unknown    If yes, call Sedgwick CMS at (800) LAUSDWC (528-7392)   

Does the employee have a temporary work restrictions?     Yes     No     Unknown    If yes, contact Stay-At-Work coordinator (213) 241-7630   

Was this a "serious injury" to a non-employee or visitor?    <sup>2</sup>     Yes     No     Unknown    If yes, call School Police at (213) 625-6631 and ORMIS at (213) 241-3139.   

Were injured parties hospitalized?     Yes     No     Unknown    If yes, call ORMIS at (213) 241-3139   

Is this an itinerant employee who also reports to another supervisor? (i.e., Related Services, Team Cleaning Crew, etc.)     Yes     No     Unknown    If yes, contact the appropriate Supervisor.   

Did this involve a possible act of violence?    <sup>3</sup>     Yes     No     Unknown    If yes, call School Police at (213) 625-6631 and ORMIS at (213) 241-3139.   

Is employee discipline under consideration?     Yes     No     Unknown    If yes, contact Employee Performance Accountability at (213) 241-6056   

Did this involve evidence of child abuse?     Yes     No     Unknown    If yes, contact Child Protective Services at (800) 540-4000.   

Were there students or staff traumatized?     Yes     No     Unknown    If yes, contact Site Crisis Team at each school Educational Service Center.   

Did an unsafe condition contribute to this accident?     Yes     No     Unknown    If yes, place a "Trouble Call" to M&O at (213) 745-1600.   

Did this accident involve hazardous substance release?     Yes     No     Unknown    If yes, call OEHS at (213) 241-3199.   

Did this accident involve vandalism?     Yes     No     Unknown    If yes, refer to School Police at (213) 625-6631.   

Does this appear to be a fraudulent claim?     Yes     No     Unknown    If yes, call Sedgwick CMS Fraud Unit at (866) 247-2287 x79271 for employee injuries, or the Office of Inspector General at (213) 241-7778 for other suspected fraud cases.   

**IMPORTANT INFORMATION AND REMINDER:**

*You are required to contact the appropriate office for notification and additional instruction.*

- Cal/OSHA defines a "serious injury" as a death, amputation, permanent disfigurement, hospitalization for more than 24 hours for other than observation, or an incident resulting in multiple injuries requiring hospitalization. You are required to notify Cal OSHA within 8 hours at one of the following numbers: West Covina (626)472-046; Los Angeles (213) 576-7451; Torrance (310) 516-3734; or Van Nuys (818) 901-5403.
- All injuries requiring medical treatment, transport by ambulance, emergency room treatment or hospitalization.
- An act of violence may involve student vs. student or student vs. teacher, the School Site Crisis Team should be notified when students or staff are traumatized. All cases involving possible acts of violence must be referred to School Police at (213) 625-6631.

**CERTIFICATIONS**

**By checking the certification box below, the Supervisor and Site Administrator agree to protect this document against unlawful distribution, and certify that the Supervisor of the injured person investigated this accident or injury, and the Site Administrator has reviewed, approved, and implemented the corrective actions necessary to prevent a recurrence of this accident.**

**Supervisor's Certification**

**Administrator's Certification**

NAME OF SUPERVISOR

EMPLOYEE NO.

DATE

NAME OF ADMINISTRATOR

EMPLOYEE NO.

DATE

**ADDRESSES AND CONTACT INFORMATION**

Office of Environmental Health & Safety  
333 South Beaudry Avenue, 28<sup>th</sup> Floor  
Los Angeles, CA 90017  
Tel. No. (213) 241-3199

Office of Risk Management & Insurance Services  
333 South Beaudry Avenue, 28<sup>th</sup> Floor  
Los Angeles, CA 90017  
Tel. No. (213) 241-3139    Fax No. (213) 241-8993