



**WORKERS COMPENSATION
AFTER INJURY REVIEW**

Employee: _____ **School/Department:** _____

Date of Injury: _____

Causes of the Incident

Factors contributing to the incident (Check all that are applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Improper Maintenance |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Not using protective equipment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Not following procedures | <input type="checkbox"/> Unsafe Equipment | |

Were there any unsafe conditions (Ex. Machinery, lighting, environmental, etc.)

Any unsafe acts or personal factors associated with the employee (Ex. attitude, skill, fatigue, etc.)

Has the employee received previous notices or warnings about their unsafe acts or conditions? If so when _____ Oral or Written _____

Corrective Action

What corrective action has been taken to correct or eliminate the unsafe act or condition:

(Check all that are applicable)

- | | |
|---|---|
| <input type="checkbox"/> Discussed incident with entire staff | <input type="checkbox"/> Instituted inspection program |
| <input type="checkbox"/> Discussed incident with employee | <input type="checkbox"/> Verified safety equipment is available |
| <input type="checkbox"/> Issued personal protective equipment | <input type="checkbox"/> Reviewed policy & procedures with employee |
| <input type="checkbox"/> Repaired equipment or condition | <input type="checkbox"/> Initiated daily safety logs |

Supervisor Comments:

Preventable: ☐ Yes ☐ No Why? _____

Supervisor's Signature

Date

Please email the completed form to the Risk Management Office: workers.compensation@pgcps.org.