



**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)

- Improper instruction
- Horseplay
- Improper Maintenance
- Poor housekeeping
- Not using protective equipment
- Other \_\_\_\_\_
- Not following procedures
- 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)

- Discussed incident with entire staff
- Instituted inspection program
- Discussed incident with employee
- Verified safety equipment is available
- Issued personal protective equipment
- Reviewed policy & procedures with employee
- Repaired equipment or condition
- 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](mailto:workers.compensation@pgcps.org)