

**City of East Point
ACCIDENT INVESTIGATION REPORT**

1. Department	2. Work Station:
3. Date of Accident/Incident:	4. Date and Time:
5. Employee Name:	6. Part of Body:
7. Nature of Injury:	8. Object, Equipment, etc. inflicting harm:
9. Occupation:	10. Experience:
11. Drug Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Claimant Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Witness Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Supervisor's Accident Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe how the event occurred:

People	Yes	No	Equipment	Yes	No
Employee job skills and capabilities meet job requirements?	<input type="checkbox"/>	<input type="checkbox"/>	Improper equipment design?	<input type="checkbox"/>	<input type="checkbox"/>
Employee received proper training?	<input type="checkbox"/>	<input type="checkbox"/>	Equipment has required safety controls and guards?	<input type="checkbox"/>	<input type="checkbox"/>
On the job training?	<input type="checkbox"/>	<input type="checkbox"/>	Equipment properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
New employee training?	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
Standard rules and operating procedures followed and enforced?	<input type="checkbox"/>	<input type="checkbox"/>	Written maintenance program?	<input type="checkbox"/>	<input type="checkbox"/>
Proper personal protective equipment required and worn?	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equipment available?	<input type="checkbox"/>	<input type="checkbox"/>
Machine guards altered or displaced?	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equipment fit employee?	<input type="checkbox"/>	<input type="checkbox"/>
Unauthorized employees in restricted areas?	<input type="checkbox"/>	<input type="checkbox"/>			
Material	Yes	No	Environment	Yes	No
Proper storage system used?	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation/lighting system?	<input type="checkbox"/>	<input type="checkbox"/>
Proper handling procedures loading/unloading/transporting?	<input type="checkbox"/>	<input type="checkbox"/>	Workplace layout correct?	<input type="checkbox"/>	<input type="checkbox"/>
Materials used the best on the market/flammability/toxicity?	<input type="checkbox"/>	<input type="checkbox"/>	Employee material handling minimized?	<input type="checkbox"/>	<input type="checkbox"/>
Reactivity and stability?	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping?	<input type="checkbox"/>	<input type="checkbox"/>
			Nighttime or daytime?	<input type="checkbox"/>	<input type="checkbox"/>
			Weather condition/wind/temperature?	<input type="checkbox"/>	<input type="checkbox"/>
			Surface conditions?	<input type="checkbox"/>	<input type="checkbox"/>

List Causes:

List Recommendations:

Accident Investigator's Signature:

Witness' Signature:

Department Head's Signature:

**City of East Point
Foreman's Statement
Incident/Accident Report**

DETAILS OF INCIDENT/ACCIDENT

Report Date: _____

Claimant: _____

Position: _____

Incident/Accident Date: _____

Incident/Accident Time: ____ a.m. p.m.

Description of Injuries: _____

Yes No

1. Was employee on county property?
2. Was employee performing job assignment?
3. Was employee under control of employer?
4. Was employee on authorized break/lunch period?
5. Was the incident/accident reported immediately?
6. Was employee observed by supervisor prior to incident/accident?
7. Was employee observed by supervisor at time of incident/accident?
8. Were there any witnesses?
9. Were any of the following a factor in the incident/accident?
 - a. Horseplay
 - b. Violation of law/safety rule?
 - c. Failure to follow departmental policy?
 - d. Failure to follow safety policy?
 - e. Deliberate infliction of injury?
 - f. Deviation from work to attend to personal business?
 - g. Intoxication/controlled substance abuse?
 - h. personal problems?
10. Has employee had any prior incidents/accidents?
11. Has employee been employed less than 6 months?
12. Has employee received prompt treatment for any injuries?
What facility? _____
13. Amount of time between incident/accident and time reported?
____ Hours ____ Minutes
14. Has incident/accident been reported to Safety Officer?
15. Any disagreement with claimant's statement?
16. Explain what happened: _____

Signature of Foreman: _____ Date: _____ Time: _____ a.m. p.m.

**City of East Point
Witness Statement
Incident/Accident Report**

DETAILS OF INCIDENT/ACCIDENT

Report Date: _____

Witness: _____

Claimant: _____

Incident/Accident Date: _____

Position: _____

Position: _____

Incident/Accident Time: a.m. p.m.

1. In what way were you a witness to the claimant's incident/accident?

I Observed

Describe what you saw: _____

I Heard

Describe what you heard: _____

2. Where were you located at the time of the incident/accident?

3. What do you feel was the cause of the incident/accident?

4. Did you observe any safety violations just prior to this incident/accident? No Yes

If "yes", describe what you saw: _____

Signature of Witness: _____ Date: _____ Time: a.m. p.m.

Supervisor Receiving: _____ Date: _____ Time: a.m. p.m.

(This notice must be posted in a conspicuous place readily accessible to the employees at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

LOCATION: CITY OF EAST POINT - EAST POINT, GA

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbcw.georgia.gov>

PRINT NAME: _____
SIGNATURE: _____
DATE: _____

ATTENTION INJURED EMPLOYEE:
Please select a panel physician below by circling your selection and by signing and dating the box to your left

NOVA Medical Centers
1005 Virginia Avenue, Suite 100
Atlanta, GA 30354
(404) 762-1001

Peachtree Orthopaedic Clinic
Lee Kelley, M.D.
Jonathan York, M.D.
James Beskin, M.D.
Xavier Duralde, M.D.
1901 Phoenix Blvd., Suite 200
College Park, GA 30337
(404) 355-0743

Resurgens Orthopaedics
Howard McMahan, M.D.
Erroll Bailey, M.D. (Minority)
Phani Dantuluri, M.D.
550 Peachtree Street, 19th Floor
Atlanta, GA 30308
(404) 215-2000

U.S. HealthWorks Medical Group
791 Oak Street
Hapeville, GA 30354
(404) 601-2000

Christopher Edwards, M.D.
(Minority – Orthopedic)
Atlanta Neurological & Spine Institute
2675 North Decatur Rd., Ste. 401
Decatur, GA 30033
(404) 265-6701

Glenn Shear, M.D.
Kevin Freeman, M.D.
Shear & Freeman Ophthalmology –
Riverdale
33 SW Upper Riverdale Road
Suite 114
Riverdale, GA 30274
(770) 991-1624

Marvin Crawford, M.D.
(Minority – Internal Medicine)
Morehouse Healthcare
1800 Howell Mill Road
Suite 275
Atlanta, GA 30318
(404) 756-1480

(Additional doctors may be added on a separate sheet)
The insurance company providing coverage for this business
under the Workers' Compensation Law is:

AMTRUST NORTH AMERICA
Name

P O BOX 94405, CLEVELAND, OH 44101
address

678-258-8000
phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT
<http://www.sbcw.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).