

**Newport News Public Schools  
Workers' Compensation Safety Evaluation**

<b>Today's Date:</b>	<b>Location/Department:</b>
<b>Employee Name:</b>	<b>Employee ID #:</b>
<b>Employee Title:</b>	<b>Date of Injury:</b>

**Describe how the accident happened?**

**Was this activity within the employee's regular job duty? Yes  No**

**Could this accident have been prevented? Yes  No**   
**If yes, how?**

**Was there an unsafe act that caused or contributed to the accident? Yes  No**   
**If Yes, explain.**

**Were all applicable policies and procedures followed? Yes  No**

**What action plans will be put in place to help with prevention:**  
Replacement: What? How?

Repair: What? Through what means?

Improvement: What? How?

**Investigated by Signature:**

Print:

Date:

**Supervisor Signature:**

Print:

Date:

\*Please scan, and e-mail this completed form to Jolona Oliver: [jolona.oliver@nn.k12.va.us](mailto:jolona.oliver@nn.k12.va.us)\*

