



General Post Accident Checklist

Immediately after an accident, have you:

PROVIDED EMERGENCY MEDICAL ASSISTANCE TO ANYONE WHO IS INJURED OR ILL AND/OR OFFERED THE EMPLOYEE YOUR AGENCY'S PANEL OF PHYSICIANS?



TAKEN THE NECESSARY EMERGENCY ACTION TO PREVENT FURTHER INJURY OR PROPERTY DAMAGE?



SECURED THE SCENE TO PRESERVE EVIDENCE FOR STUDY?

TAKEN PHOTOS, SECURED VIDEO FOOTAGE AND/OR TAKEN MEASUREMENTS, IF NEEDED?



INTERVIEWED WITNESSES TO DETERMINE WHAT HAPPENED?



INTERVIEWED OTHERS WITH RELEVANT INFORMATION?



DETERMINED THE CAUSE(S) OF THE ACCIDENT?



MADE RECOMMENDATIONS AND ACTION PLAN?



CONSIDERED POST-ACCIDENT DRUG TESTING?



COMMUNICATED WITH THE DOCTOR'S OFFICE AND YOUR EMPLOYEE TO LET THEM KNOW ABOUT YOUR MODIFIED DUTY POLICY?




FILED OTHER REQUIRED REPORTS? (WORKERS' COMP, VEHICLE, PROPERTY, OSHA)



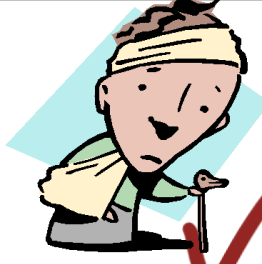
General Post Accident Checklist, continued

Does your record include the following?





NAME OF THE INJURED EMPLOYEE(S)?
 ACCIDENT DATE AND TIME?
 LOCATION OF THE ACCIDENT?


NATURE AND EXTENT OF INJURY/
 ILLNESS?



DESCRIPTION OF THE ACCIDENT?
 DESCRIPTION OF EVENTS PRECEDING THE
 ACCIDENT?
 TASK/ACTIVITY ENGAGED IN AT THE TIME
 OF THE ACCIDENT?

WITNESSES AND THEIR ACTIVITIES AT THE
 TIME?
 OTHERS WITH RELEVANT
 KNOWLEDGE?
 EMPLOYEES NORMALLY
 ASSIGNED TO THE TASK?




LENGTH OF EMPLOYMENT AND ASSIGNMENT
 TO CURRENT JOB?
 RELEVANT TRAINING RECEIVED BY
 EMPLOYEE AND TRAINING
 DATES?

EQUIPMENT/MATERIALS INVOLVED IN
 THE ACCIDENT?
 PHYSICAL SURROUNDINGS OF THE
 ACCIDENT?
 UNSAFE ACTS THAT COULD HAVE LED
 TO THE ACCIDENT?



DESCRIPTION AND DATES OF SIMILAR OR
 RELATED ACCIDENTS?
 CAUSE(S) OF ACCIDENT?
 ACTIONS TAKEN TO PREVENT SIMILAR
 ACCIDENTS?



ADDITIONAL RECOMMENDATIONS?





Checklist of Information Needs from Agency by Claim Type

SLIP/TRIP/FALL

ANY WITNESS NAMES AND CONTACT INFORMATION - WRITTEN STATEMENTS ARE HELPFUL
VIDEO OR RAPID EYE FOOTAGE
PROVIDE INTERNAL ACCIDENT INVESTIGATION REPORT AND/OR SAFETY OFFICER REPORT
IF PROPERTY IS LEASED, PROVIDE LEASE AGREEMENT

PHOTOGRAPHS:

LANDSCAPE VIEW OF ACCIDENT LOCATION CLOSE UP VIEW OF ACCIDENT LOCATION WITH A RULER SHOWING ANY DIFFERENCES IN SURFACE LEVELS NAME OF PHOTOGRAPHER DATE OF PHOTO

IF CONTRACTOR WORK CAUSED/CONTRIBUTED TO ACCIDENT—PROVIDE CONTRACT & CERTIFICATE OF LIABILITY INSURANCE

ANSWERS TO THE FOLLOWING QUESTIONS WILL BE NEEDED

DID ACCIDENT OCCUR ON AGENCY OWNED PROPERTY? DOES AGENCY MAINTAIN THE PROPERTY? WEATHER CONDITIONS LIGHTING CONDITIONS ANY HAZARDS?

HAS OR WILL THE EMPLOYEE SEEK MEDICAL ATTENTION? IF YES, PROVIDE PHYSICIAN CONTACT INFORMATION



MOTOR VEHICLE ACCIDENTS

PHOTOS OF THE ACCIDENT SCENE AND VEHICLE DAMAGE
STATE VEHICLE CRASH REPORT
VIRGINIA STATE POLICE CRASH REPORT
ANY OTHER APPLICABLE JURISDICTIONAL POLICE REPORT

NAMES AND CONTACT INFORMATION FOR ANY WITNESSES—WRITTEN STATEMENTS ARE HELPFUL
EXCHANGE OF INFORMATION PROVIDED TO INVOLVED PARTIES AT ACCIDENT SCENE

ANSWERS TO THE FOLLOWING:

DRIVING STATE VEHICLE? PURPOSE OF TRAVEL? ANY DEVIATIONS FROM EXPECTED ROUTE?
 APPARENT CAUSE OF ACCIDENT? ANY SIGNS OF IMPAIRMENT? ANY CITATION GIVEN TO INVOLVED PARTIES?

HAS OR WILL THE EMPLOYEE SEEK MEDICAL ATTENTION? IF YES, PROVIDE PHYSICIAN CONTACT INFORMATION



MACHINERY/EQUIPMENT/PRODUCTS

HAVE YOU TAKEN & SAVED PHOTOS OF THE SCENE?
HAVE YOU SAVED VIDEO OR RAPID EYE FOOTAGE?

WITNESS STATEMENTS

SAFETY OFFICER AND/OR INTERNAL INVESTIGATION REPORT
DRUG SCREEN RESULTS

TRAINING MATERIALS/EXPERIENCE WORKING ON EQUIPMENT
WAS THERE DEFECTIVE EQUIPMENT INVOLVED?

DOES AGENCY STILL HAVE THE FAILED/DEFECTIVE EQUIPMENT/PRODUCT/MACHINERY SECURED & IN POSSESSION?

WAS THE EQUIPMENT/PRODUCT/MACHINERY ALTERED FROM ITS ORIGINAL STATE?

WAS THERE A HAZARD/DEFECT OR WAS ACCIDENT THE RESULT OF IMPROPER OPERATION?

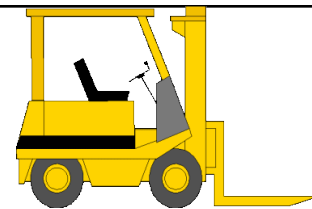
MAKE, MODEL, AND SERIAL NUMBER

LAST INSPECTION/SERVICE DATE OF MACHINE/EQUIPMENT/PRODUCT

SAFETY RULES

VIOLATION? HOW ARE THEY ENFORCED? LAST OPERATED/USED? HOW OFTEN USED?

HAS OR WILL THE EMPLOYEE SEEK MEDICAL ATTENTION? IF YES, PROVIDE PHYSICIAN CONTACT INFORMATION





Checklist of Information Needs from Agency by Claim Type

CHEMICAL EXPOSURE

SUPPLY SAFETY DATA SHEETS

PROVIDE ANY AIR QUALITY REPORTS DONE AT ANY TIME OF THE AREA IN QUESTION

OTHER EMPLOYEES IMPACTED BY EXPOSURE?

WHO WAS USING THE CHEMICAL(S)?

HOW OFTEN IS CHEMICAL USED BY EMPLOYEE AND/OR AGENCY?

WAS THERE ANY ALTERING OR MIXING OF CHEMICALS?

MEASURES TAKEN TO CONTAIN EXPOSURE

HAS OR WILL THE EMPLOYEE SEEK MEDICAL ATTENTION? IF YES, PROVIDE PHYSICIAN CONTACT INFORMATION



ATTACKS/ASSAULTS

IDENTIFYING INFORMATION OF SUBJECT/SUSPECT

WAS THE ASSAULT PERSONAL IN NATURE OR RELATED TO EMPLOYMENT?

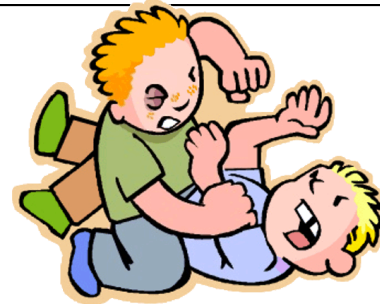
WERE CRIMINAL CHARGES FILED?

NAME AND CONTACT INFORMATION FOR WITNESSES—WRITTEN STATEMENTS ARE HELPFUL

VIDEO OR RAPID EYE FOOTAGE

INTERNAL INVESTIGATION REPORT

HAS OR WILL THE EMPLOYEE SEEK MEDICAL ATTENTION? IF YES, PROVIDE PHYSICIAN CONTACT INFORMATION



MOLD EXPOSURE

PROVIDE ANY RELEVANT INFORMATION (E-MAILS, REPORTS, ETC.) FROM MAINTENANCE STAFF

PROVIDE ANY AIR QUALITY TEST RESULTS, DONE AT ANY TIME, OF THE IMPACTED AREA

PROVIDE DOCUMENTATION OF ANY INSPECTIONS

PROVE STATEMENT AS TO WHETHER THERE ARE RECORDS OF PREVIOUS COMPLAINTS

[] IF YES, DOCUMENT ACTIONS TAKEN

MEASURES TAKEN TO CONTROL EXPOSURE

HAS OR WILL THE EMPLOYEE SEEK MEDICAL ATTENTION? IF YES, PROVIDE PHYSICIAN CONTACT INFORMATION

