



Employee Incident/Accident Form

Must be completed within 48 hours of Incident/Accident
Revised 09/20/17

HR OFFICE USE ONLY/CLAIM # _____

EMPLOYEE SECTION

Name _____ Job Title _____ Work Site _____

Bargaining Group _____ Date of Incident _____ Date Reported _____

Time of Incident _____ Shift Start _____ Shift End _____

Description of Incident, including witness/es:

Was there an injury? _____ Type of Injury _____ Extent of Injury: minor moderate severe

Was treatment by a medical professional needed? Yes No

Other treatment/action taken:

Were students involved? Yes No Were students injured? Yes No Name of Student(s) _____

Was property damaged? Yes No Was personal protective gear needed? Yes No Was it used? Yes No

In your opinion, could this incident have been prevented? Yes No

If yes, explain:

Employee Signature _____ Date _____

Sign and Give to Supervisor or Timekeeper

SUPERVISOR SECTION - Return completed form to Natalie Fowler, Director of HR within 72 hours of incident

Describe the event that led to the incident/accident and the cause:

Was there an injury? Yes No If yes, what was the extent of the injury? minor moderate severe

Was the incident/accident the result of an unsafe act or condition? Yes No

If yes, what actions were taken to prevent future, similar incidents/accidents?

Other comments/information:

Supervisor Signature _____ Date _____