WEST LINN-WILSONVILLE SCHOOL DISTRICT

EMPLOYEE INCIDENT REPORT

EMPLOYEE TO COMPLETE THIS SIDE OF FORM

Employee: ____________________________ **Job Title:** __________________________________

School/Dept.: __________________________ **Accident Location:** _________________________

Date of Injury: _________________________ **Time of Injury:** ____________________________

Reported To: ___________________________

Parts of Body Affected

Head/Neck	Left Side	Right Side
☐ Scalp	☐	☐
☐ Neck	☐	☐
☐ Ears	☐	☐
☐ Eyes	☐	☐
☐ Mouth	☐	☐
☐ Teeth	☐	☐
☐ Face	☐	☐

Upper Extremities	Left Side	Right Side
☐ Shoulder	☐	☐
☐ Upper Arm	☐	☐
☐ Elbow	☐	☐
☐ Forearm	☐	☐
☐ Wrist	☐	☐
☐ Hand	☐	☐
☐ Fingers	☐	☐

Lower Extremities	Left Side	Right Side
☐ Thigh	☐	☐
☐ Lower Leg	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot/Toes	☐	☐

Trunk	Left Side	Right Side
☐ Lower Back	☐	☐
☐ Upper Back	☐	☐
☐ Chest	☐	☐
☐ Abdomen	☐	☐
☐ Hip	☐	☐
☐ Groin	☐	☐

Nature of Injury

☐ Cut
☐ Skin Rash
☐ Foreign Body
☐ Inflammation
☐ Difficulty Breathing
☐ Scrape
☐ Burn or Electric Shock
☐ Localized Pain
☐ Jammed a Finger or Toe
☐ Other

____
(If other)

Did this incident involve a student? (Circle One) Yes NO

Was first aid given? (Circle One) YES NO

Witnesses:

____
____
____

Employee description of incident:

____
____
____
____
____
____
____
____
____
____
____

_________________________ ___________

Employee Signature **Date**

WEST LINN-WILSONVILLE SCHOOL DISTRICT

ADMINISTRATOR / SUPERVISOR TO COMPLETE THIS SIDE OF FORM

Date and time incident reported: ________________

Were other employees injured? (Circle One) YES NO

If yes, please provide name(s): ____

Explain what employee was doing just prior to and at the time of the incident (use sequence of events), and please be specific.

____
____
____
____

Root Cause?

____
____
____

Contributing Factors

- ☐ Machinery Defect (Save defective parts and pieces)
- ☐ Tool or Equipment Broke (Save broken parts and pieces)
- ☐ Proper Tools/Equipment Not Available
- ☐ Floor, Work Surface, or Walking Surface
- ☐ Equipment Guarding
- ☐ Weather/Road Conditions
- ☐ Other ____________________________
- ☐ Housekeeping
- ☐ Lighting
- ☐ Clothing or Jewelry
- ☐ Training
- ☐ Employee Choices
- ☐ Supervisor Choices

Additional Information / Details:

____
____
____
____

____ ________________

Administrator / Supervisor Signature **Date**

Please return to Anju Nathan at the District office: NathanA@wlwv.k12.or.us

If you are missing work or need to see a doctor due to this injury, please Contact Natalya Vitale: VitaleN@wlwv.k12.or.us

Questions? Please call: 503-673-7000