



**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**

- |  |  |
|--|--|
| <input type="checkbox"/> Machinery Defect (Save defective parts and pieces)      | <input type="checkbox"/> Housekeeping        |
| <input type="checkbox"/> Tool or Equipment Broke (Save broking parts and pieces) | <input type="checkbox"/> Lighting            |
| <input type="checkbox"/> Proper Tools/Equipment Not Available                    | <input type="checkbox"/> Clothing or Jewelry |
| <input type="checkbox"/> Floor, Work Surface, or Walking Surface                 | <input type="checkbox"/> Training            |
| <input type="checkbox"/> Equipment Guarding                                      | <input type="checkbox"/> Employee Choices    |
| <input type="checkbox"/> Weather/Road Conditions                                 | <input type="checkbox"/> Supervisor Choices  |
| <input type="checkbox"/> Other _____   |  |

**Additional Information / Details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Administrator / Supervisor Signature**

\_\_\_\_\_  
**Date**

Please return to Natalya Vitale: [VitaleN@wlwv.k12.or.us](mailto:VitaleN@wlwv.k12.or.us)

Questions? Please call: 503-673-7004