WEST LINN-WILSONVILLE SCHOOL DISTRICT

EMPLOYEE INCIDENT REPORT

EMPLOYEE TO COMPLETE THIS SIDE OF FORM

Employee: School/Dept.: Date of Injury:		Accident Location:					
				Reported To:		-	Nature of Injury
				Parts of Body Affected			☐ Cut ☐ Scrape ☐ Skin Rash ☐ Burn or Electric Shock
Head/Neck	<u>Left Side</u>	Right Side	☐ Foreign Body ☐ Localized Pain				
□ Scalp			☐ Inflammation ☐ Jammed a Finger or Toe				
□ Neck			☐ Difficulty ☐ Other				
□ Ears			Breathing				
□ Eyes			(If other)				
☐ Mouth							
□ Teeth			Did this incident involve a student? (Circle				
☐ Face			One) Yes NO				
<u>Upper Extremities</u>	Left Side	Right Side	Was first aid given? (Circle One) YES NO				
□ Shoulder			Witnesses:				
☐ Upper Arm							
□ Elbow							
☐ Forearm							
□ Wrist							
☐ Hand			Employee description of incident:				
☐ Fingers							
Lower Extremities	Left Side	Right Side					
☐ Thigh							
☐ Lower Leg							
☐ Knee							
☐ Ankle							
☐ Foot/Toes							
<u>Trunk</u>	Left Side	Right Side					
☐ Lower Back							
☐ Upper Back							
□ Chest							
☐ Abdomen							
□ Hip			Employee Signature Date				
☐ Groin			Employee Signature Date				

WEST LINN-WILSONVILLE SCHOOL DISTRICT

ADMINISTRATOR / SUPERVISOR TO COMPLETE THIS SIDE OF FORM

ate and time incident reported:	
Vere other employees injured? (Circle One) YES NO	
yes, please provide name(s):	
xplain what employee was doing just prior to and at the timecific.	e of the incident (use sequence of events), and please be
oot Cause?	
<u>Contributi</u>	ng Factors
☐ Machinery Defect (Save defective parts and pieces)	□ Housekeeping
☐ Tool or Equipment Broke (Save broking parts and pieces)	□ Lighting
☐ Proper Tools/Equipment Not Available	□ Clothing or Jewelry
☐ Floor, Work Surface, or Walking Surface	□ Training
☐ Equipment Guarding	☐ Employee Choices
☐ Weather/Road Conditions	☐ Supervisor Choices
□ Other	
Additional Information / Details:	

Please return to Natalya Vitale: <u>VitaleN@wlwv.k12.or.us</u>

Questions? Please call: 503-673-7004