

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

Questions? Please call: 503-673-7004