

EMPLOYEE INCIDENT REPORT FORM

(CONFIDENTIAL)

DISTRICT

PAJARO VALLEY USD

SITE

SECTION 1: TO BE COMPLETED BY THE INJURED EMPLOYEE (PLEASE PRINT)

1) First Name _____ Last Name _____ DOB _____

2) Home: street, city, zip _____

3) Phone # _____ Gender F / M Job Title _____

4) SSN _____ - _____ - _____ Department _____ Are you a volunteer? Y / N

5) Date of Incident _____ Hour of Incident _____ AM / PM Time you began work? _____ AM / PM

6) To whom did you report the incident? _____ Who is your supervisor? _____

7) Date you reported the incident _____ Who else was involved in the incident? _____

8) Who witnessed the incident? _____ Number of years you have worked in this position? _____

9) Body part(s) injured (Please be specific, Right or Left) _____

10) Location of incident where occurred (Please be specific) _____

11) What were you doing when injured? (Please be specific on job task) _____

12) Describe how the injury occurred (Please be specific, who, what, where, when, and why?)
(Please include task being performed and tools/or object(s) involved that contributed to the injury): _____

13) How can the condition or act causing the incident be prevented in the future? _____

15) Employee's Signature _____ Date _____