Lane Education Service District

INCIDENT REPORT

Immediate Supervisor should complete this form promptly with worker input. ***Please print clearly and attach to 801 if a claim is filed.***

1. Employee:_____ Immediate Supervisor:_____
2. Date of Accident:_____ Time: _____ AM / PM
3. Accident location: _____
4. Describe accident fully: (What happened and why; unsafe conditions and/or practices.)

_____

_____

_____

_____

_____

_____

5. What corrective action was taken, or is planned, to prevent similar accidents from occurring in the future?

_____

_____

_____

6. List witnesses and phone numbers: _____

_____

_____

7. When was the accident reported? _____ To Whom? _____
   Reported within 24 hours of the accident? ❒ Yes ❒ No
   If not, why not? _____

_____

_____

8. Was the accident caused by faulty equipment? ❒ Yes ❒ No
   If yes, preserve evidence. Identify: _____

_____

9. Was the accident caused by another person not employed by Lane ESD? ❒ Yes ❒ No
   Name: _____ Address: _____

_____

10. Describe injury (part of body/type of injury): _____

_____

11. Describe first aid/medical treatment (when and by whom): _____

_____

12. Is a previous injury or condition of the employee (or coworker) a contributing factor? ❒ Yes ❒ No
13. Is there a reason to question whether this is a job-related injury or illness? ❒ Yes ❒ No

_____ _____

Supervisor Signature Date Employee Signature Date

White – HUMAN RESOURCES Yellow – DIVISION Pink - EMPLOYEE