



ACCIDENT -- INCIDENT -- INJURY REPORT
For Volunteers/Contractors/Guests/Interns
(not for ESD 105 employees)
THIS IS NOT A WORKER'S COMPENSATION CLAIM FORM

ESD Building: _____ **Department:** _____

WHO: NAME OF PERSON INJURED / ILL: _____

CHECK ONE: VOLUNTEER CONTRACTOR GUEST INTERN

OCCUPATION: _____ **IMMEDIATE SUPERVISOR:** _____

WITNESSES or OTHER PEOPLE INVOLVED: _____

PLEASE IDENTIFY OTHERS by NAME and INVOLVEMENT, such as JOHN JONES, WITNESS; JANE JONES, OTHER DRIVER

WHEN: DATE _____ TIME _____ AM ___ PM

REPORTED to: _____ DATE _____ TIME _____ AM ___ PM
NAME, TITLE, TELEPHONE NUMBER

WHERE: _____
EXACT LOCATION

WHAT: Describe the circumstances, surroundings, events, and behaviors leading up to the accident/incident/injury. Use back of sheet, if necessary, to describe or draw a diagram to help explain.

Were you injured? Yes No Describe your injury, including all body parts affected, and specify Right Side or Left Side: _____

Describe any other results of the incident you think are important, including injury to others, property damage, etc. _____

WHY: Explain, as best you can, why it happened.

Explain, as best you can, why the causes were present: _____

HOW do you recommend that recurrence or similar incidents be prevented? _____

COMMENT: Anything else you think is important, or you want us to know:

******SIGN and DATE:******
PERSON MAKING REPORT: _____ **DATE:** _____

SUPERVISOR: _____ **DATE:** _____

****SEND COMPLETED ORIGINAL FORM TO THE HUMAN RESOURCES DIRECTOR****