

EMPLOYEE'S ACCIDENT/INCIDENT REPORT

Includes Blood Exposure Reporting

Is this a blood exposure incident? Yes ☐ No ☐

If yes, please complete the Incident Report (see building nurse/secretary)

Name of injured person	
Address	
Home Phone	
School/Facility where Employed	Supervisor Name
Position	Shift hours
Date and time accident occurred	
Date and time accident reported	
School/facility in which accident occurred	
Exact area or location of accident	
Accident occurred: Indoors ☐ Outdoors ☐	
What was involved: Machinery ☐ Chemicals ☐ Vehicles ☐ Other ☐	
Describe accident/incident in detail (including student name if student was involved):	
Describe injury in detail including body part injured:	

Witnesses:
First Aid Treatment:
By Whom:
Went to Physician: ☐ YES ☐ NO
Went to Hospital: ☐ YES ☐ NO
Dates: (days/hours lost from work)

*** Notify HR when days are missed due to this incident****I have reviewed the above and verify the time loss.**

Date:	Supervisor Signature:
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I declare that the foregoing statements are true to the best of my knowledge and belief

Date:	Employee Signature:
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Complete the reverse side before submitting to Human Resources.

Original - Human Resources

Make a copy for building records and personal copy

District Safety Office
Supervisor's Review of An Accident

Note* Whenever an employee or supervisor completes a Accident/Incident Report, the supervisor needs to complete and forward this review to Human Resources.

Name of injured Employee(please print)	
Date of Supervisor's Review:	Date of Accident/Incident:
Brief Description of Accident/Incident:	

CAUSE (please check each applicable box):

- | | |
|--|---|
| ☐ inadequately guarded
☐ unguarded
☐ defective tools,equipment,or substance
☐ poor design or construction
☐ hazardous conditions (i.e.,ice,snow,wet floor,etc)
☐ hazardous placement or arrangement
☐ poor illumination
☐ unsafe ventilation
☐ improper clothing/unrestrained hair
☐ insufficient instruction | ☐ operating under unsafe conditions
☐ operating without authority
☐ operating at unsafe speed
☐ not utilizing safety devices
☐ using unsafe equipment
☐ unsafe lifting,loading,placing,mixing
☐ lockout/tagout bypassed or not performed
☐ distraction,teasing,horse play
☐ failure to use personal protective devices
☐ other |
|--|---|

GUIDES TO CORRECTIVE ACTION (please check each applicable box):

Based on the cause checked above, I am taking the following corrective action:

- | | |
|--|---|
| ☐ remove employee from task/job
☐ counsel(tell-show-try-check)
☐ remove hazard
☐ post warnings
☐ provide refresher training
☐ formal personnel action | ☐ analyze the task/job
☐ followup
☐ install guarding
☐ repair hazard
☐ informal personnel action
☐ other |
|--|---|

Describe what is being done to prevent similar injuries:

Describe additional recommendations:

Signature of Employee:
Signature of Supervisor: