

Napa Valley Unified School District

Accident/Near-Miss Report



**If you were injured as a result of this accident please report immediately to Company Nurse before completing this form*
1-877-778-2576

Staff Involved: _____ Incident Date: _____
Location of Incident:(specific area, e.g. "playground") _____
Person Reporting: _____ Incident Time: _____
Department/Site: _____ Report Date: _____

Type of Incident:

Accident resulting in **injury** to staff

Was Company Nurse contacted? no yes, Date of Report _____

Accident resulting in **NO** injury to staff

Near Miss- Accident averted

Please describe the incident in as much detail as possible:

Witnesses to the incident: _____

How could this incident be prevented or resolved?

Incident reported to

Supervisor: _____

Other: _____

Company Nurse

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please forward signed forms to the **Office of Human Resources** within **10 days** of incident.

