

Fecha

WEST LINN-WILSONVILLE SCHOOL DISTRICT

ADMINISTRATOR / SUPERVISOR TO COMPLETE THIS SIDE OF FORM

Date and time incident reported: _____

Were other employees injured? (Circle One) YES NO

If yes, please provide name(s): _____

Explain what employee was doing just prior to and at the time of the incident (use sequence of events), and please be specific.

Root Cause?

Contributing Factors

- | | |
|--|--|
| ☐ Machinery Defect (Save defective parts and pieces) | ☐ Housekeeping |
| ☐ Tool or Equipment Broke (Save broking parts and pieces) | ☐ Lighting |
| ☐ Proper Tools/Equipment Not Available | ☐ Clothing or Jewelry |
| ☐ Floor, Work Surface, or Walking Surface | ☐ Training |
| ☐ Equipment Guarding | ☐ Employee Choices |
| ☐ Weather/Road Conditions | ☐ Supervisor Choices |
| ☐ Other _____ | |

Additional Information / Details:

Administrator / Supervisor Signature

Date

Please return to Anju Nathan at the District office: NathanA@wlwv.k12.or.us

If you are missing work or need to see a doctor due to this injury, please Contact Mary Hanks: hanksm@wlwv.k12.or.us

Questions? Please call: 503-673-7000