

EMPLOYEE INJURY REPORT

Employee: _____

Job Title: _____

School/Dept.: _____

Injury Location: _____

Date of Injury: _____

Time of Injury: _____

Reported To: _____

Parts of Body Affected**Head/Neck****Left Side****Right Side**Scalp ☐Neck ☐Ears ☐Eyes ☐Mouth ☐Teeth ☐Face ☐**Upper Extremities****Left Side****Right Side**Shoulder ☐Upper Arm ☐Elbow ☐Forearm ☐Wrist ☐Hand ☐Fingers ☐**Lower Extremities****Left Side****Right Side**Thigh ☐Lower Leg ☐Knee ☐Ankle ☐Foot/Toes ☐**Trunk****Left Side****Right Side**Lower Back ☐Upper Back ☐Chest ☐Abdomen ☐Hip ☐Groin ☐**Nature of Injury**

- | | |
|---|---|
| ☐ Cut | ☐ Scratch |
| ☐ Skin Rash | ☐ Burn or Electric Shock |
| ☐ Foreign Body | ☐ Localized Pain |
| ☐ Inflammation | ☐ Jammed a Finger |
| ☐ Difficulty Breathing | ☐ Fall |
| ☐ Bite | ☐ Trip |
| ☐ Kick | ☐ Lift |
| ☐ Hit | Other _____ |

Did this injury involve a student? ☐ YES ☐ NOWas first aid given? ☐ YES ☐ NO

Witnesses:

Employee description of injury:

(Do not mention any students by name):

Employee Signature_____
DateIf 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

WEST LINN-WILSONVILLE SCHOOL DISTRICT

ADMINISTRATOR / SUPERVISOR TO COMPLETE THIS SIDE OF FORM

Date and time injury reported: _____

Were other employees injured? ☐ YES ☐ NO

If yes, please provide name(s): _____

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

Root Cause?

If a student was involved, are you submitting a Behavior Referral? ☐ YES ☐ NO ☐ N/A

If no, did you discuss this with the injured employee? ☐ YES ☐ NO

Contributing Factors

- | | |
|---|--|
| ☐ Machinery Defect (Save defective parts and pieces) | ☐ Housekeeping |
| ☐ Tool or Equipment Broke (Save broken 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