

Wasco County

Employee Incident / Accident Report

Name of Injured Party: _____

Supervisor of Above: _____

Director of Above: _____

Location where incident/accident Occurred: _____

Body Part Affected: _____

Has Body Part Ever Been Injured Before: No Yes. If Yes, when: _____

Type of Injury (Cut, Strain, Bruise, etc.): _____

Injury Status:

First Aid Treatment Only

Medical Treatment beyond First Aid required

Date of Injury: _____ Date you reported Injury to Supervisor: _____

Time of Injury: _____ AM/PM

Describe **in detail** how incident/accident happened: _____

Describe why incident/accident occurred: _____

In your opinion, how can this incident/accident be prevented?

Were you provided safety instructions on how to avoid this incident/accident?

Yes No

Did poor housekeeping contribute to the incident/accident?

Yes No

Is there a protective device or article that could prevent the injury?

Yes No

If yes, please describe: _____

Was the incident/accident caused by something that needed to be repaired?

Yes No

If yes, please describe: _____

Was the incident/accident caused by an action or failure to act by someone else?

Yes No

If yes, who was it? _____

What could they have done or should they not have done: _____

Did anyone else see the incident/accident?

Yes No

If yes, who was it? _____

Has a similar incident/accident happened before?

Yes No Unknown

If yes, when: _____

Signature: _____ Date _____

AFTER YOU HAVE COMPLETED THIS FORM, GIVE IT TO YOUR SUPERVISOR

Wasco County

Supervisor Incident / Accident Analysis

Injured Employee's Name: _____

Job Title: _____

Primary Duties: _____

Body Part Affected: _____

Type of Injury (Cut, Strain, Bruise, etc): _____

Injury Status:

First Aid Treatment Only

Medical Treatment beyond First Aid required

Date of Injury: _____ Date Employee Reported Injury: _____

Time of Injury: _____ Who did Employee Report Injury to: _____

Do you agree with the employee's description of how the incident/accident occurred? Yes No Can't Determine

If no, please explain: _____

Was the actual injury witnessed? Yes No By Whom: _____

Did the action or inaction of someone else contribute to this injury/accident? Yes No

If yes, who was it? _____

What could they have done or should they not have done: _____

Who did the incident/accident investigation? _____

What were the findings of the investigation? _____

Were safety procedures followed? Yes No Was safety equipment available? Yes No

Was the employee properly instructed on safety measures prior to the incident/accident? Yes No Unknown

Is documentation present that shows the employee was trained on proper procedures? Yes No Unknown

Please explain: _____

Was protective equipment worn, and in place? Yes No, or provided if not in use? Yes No

If yes, what type? _____

In your opinion, how can this incident/accident be corrected to prevent reoccurrence? _____

Signature _____ Date: _____

Your Title: _____

Director Signature _____

Human Resources Signature _____

AFTER YOU HAVE COMPLETED THIS FORM, RETURN IT TO THE HUMAN RESOURCES DEPARTMENT .