

Scappoose School District

Employee Incident Report

Please fill out **completely**, immediately following any incident occurring during work hours and submit to your school office, **even if you are not planning on seeking medical attention.**

Employee: \_\_\_\_\_

Building:  DO  SHS  SMS  OPE  GW  WE

Job Title:  EA  Custodian  Cook  Secretary  Teacher  Administrator  Coach  Other \_\_\_\_\_

Injury date: \_\_\_\_\_ Time: \_\_\_\_\_

Are you seeking medical attention now:  No  Yes

Describe what your injury is, including what part of the body was hurt. **BE SPECIFIC:**  Left side  Right side

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Was injury result of student contact?  No  Yes Student initials: \_\_\_\_\_

Was protective gear made available?  No  Yes Was it used?  No  Yes

Was this injury the result of a student restraint?  No  Yes If so, please attach a copy of the restraint report.

Have you injured this body part before?  No  Yes If so, when? \_\_\_\_\_

Describe what happened. **BE SPECIFIC:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did incident occur: \_\_\_\_\_

Were there any witnesses:  No  Yes Who? \_\_\_\_\_

Did an unsafe situation or equipment failure lead to this injury?  No  Yes What? \_\_\_\_\_

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Were any others injured?  No  Yes If so, who? \_\_\_\_\_

What action has been or will be taken to prevent reoccurrence? \_\_\_\_\_

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Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_