

La Grande School District 1

Code: EBBB-AR(1)
Revised/Reviewed: 1/23/18; 10/10/18
Orig. Code: EBBB-AR(1)

Employee Incident/Accident Report Form

Please complete this SAIF Corporation Employee Incident Report/Analysis Form and answer all of the following questions within 24 hours of the incident. Turn in completed forms to the payroll department at the district office, **in person**.

Employees will need to complete the worker's compensation claim form (801) if the injury required medical treatment beyond first aid. The 801 form goes to payroll

Employee Name: _____ Department/Occupation: _____

Date/Time of Incident: _____ Date/Time Reported: _____

Supervisor Name: _____ Job Title: _____

Date Hired (if current year): _____ Accident/Incident Location: _____

File Worker's Compensation Form (801) if any of the below items are checked.

- Incident or Near Miss
- Accident
- First Aid
- Medical Care
- Time Loss
- Fatal

Describe Injury (Nature of injury/Body Part Injured):

Witnesses:

Describe Accident/Incident in Detail (What Happened):

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Stop here and give a copy of this document to the Safety Committee member in your building.

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Accident/Incident Analysis

Identify issues and areas that ARE NOT WORKING and contributed to the Incident/Accident: Please contact your buildings Safety Committee Member, they will complete this Analysis and send to Operation Specialist at the District Office.

Management	Management Systems	Employee Systems	Student
Consider: Policy Enforcement Hazard Recognition Accountability Supervisor Training Corrective Action Proper Resources Maintenance Adequate Staffing Observations			Consider: Procedure Previous Injury Mental Ability Physical Capacity Equipment Use Short Cuts Personal Protective Equipment Worn Safety Attitude
Equipment	Equipment Systems	Environment Systems	Environment
Consider: Proper Tool Selection Tool Availability Maintenance Visual Warnings Guarding			Consider: Building Layout Chemical Temperature Noise Weather Terrain Vibration Ergonomics Lighting Ventilation Housekeeping Biological
Counter Measures/ Best Practices: How do we correct areas identified in the MEEE area above, who will make changes and when will the changes be completed.	Who Will Implement:	By When:	Done:
Person(s) conducting the analysis:			