

ACCIDENT/INCIDENT REPORT

Use of this form is required for all incidents involving personal injury, property damage or "near misses" (incidents which could have resulted in injury or damage). This is a **CONFIDENTIAL REPORT** for transmission to and use by Molalla River School District.

1. INCIDENT TYPE¹ (check all that apply)

Student Injury/Illness Employee Injury/Illness Visitor Injury/Illness Property Damage Near Miss Other

2. INCIDENT INFORMATION

Date/Time of Incident _____ Date/Time Reported _____ Parent/Guardian Notified _____

Did incident occur on District property? Yes Office or School Name _____ Location Code _____

No²

Description of Injury (complete Pain Diagram on back of this form) or Property Damage:

Description of Incident (What was the injured party doing at the time of the incident? Describe the events immediately preceding the incident. Identify names of any MRSD employees involved in the incident, and any tools, machinery, equipment, or vehicle involved in the incident. Attach photos)

Name(s) and Phone Numbers of Witness(es) (attach statement of each witness)

3. INJURED PARTY INFORMATION³ (separate report must be completed for each injured party)

Name Injured Party _____ Home Address _____

City _____ Zip _____ Home Telephone # () _____

Sex Male Female Date of Birth / / Employee Location Code _____ Employee Number _____

4. MEDICAL TREATMENT

Was first aid administered? Yes No If so, provide name of person _____

Did supervisor/employee accompany injured party to hospital/clinic? Yes No Initial treatment received _____

Doctor's recommendation: Temporary Disability Return to Full Duty Unknown Restricted Duty _____

Doctor's Name _____ Medical Facility _____ Telephone No. () _____

6. FINDINGS AND CONCLUSIONS

Was this incident a result of an: Unsafe Act? Unsafe Condition? Neither

Describe 'Unsafe Act' and/or "Unsafe Condition": _____

Actions Taken to prevent accident recurrence: _____

7. SIGNATURES (By signing this document, both the Supervisor and Site Administrator agree to protect this document against unlawful distribution.)

Signature of Preparer Employee No. Date Signature of Site Administrator Employee No. Date

8. INSTRUCTIONS (See back of form for completing Sections 1 through 7)

ACCIDENT/INCIDENT REPORT

¹ This report must be completed for all incidents involving personal injury, property damage or "near misses" (incidents which could have resulted in injury or damage) within 24 hours of an incident. Illness or other medical visits(not related to an incident) to health room are only reported on the Health Room Log. This report must be sent to District Office and retained at the site.

² If the accident occurred off-site, please indicate location, including address, city and zip code.

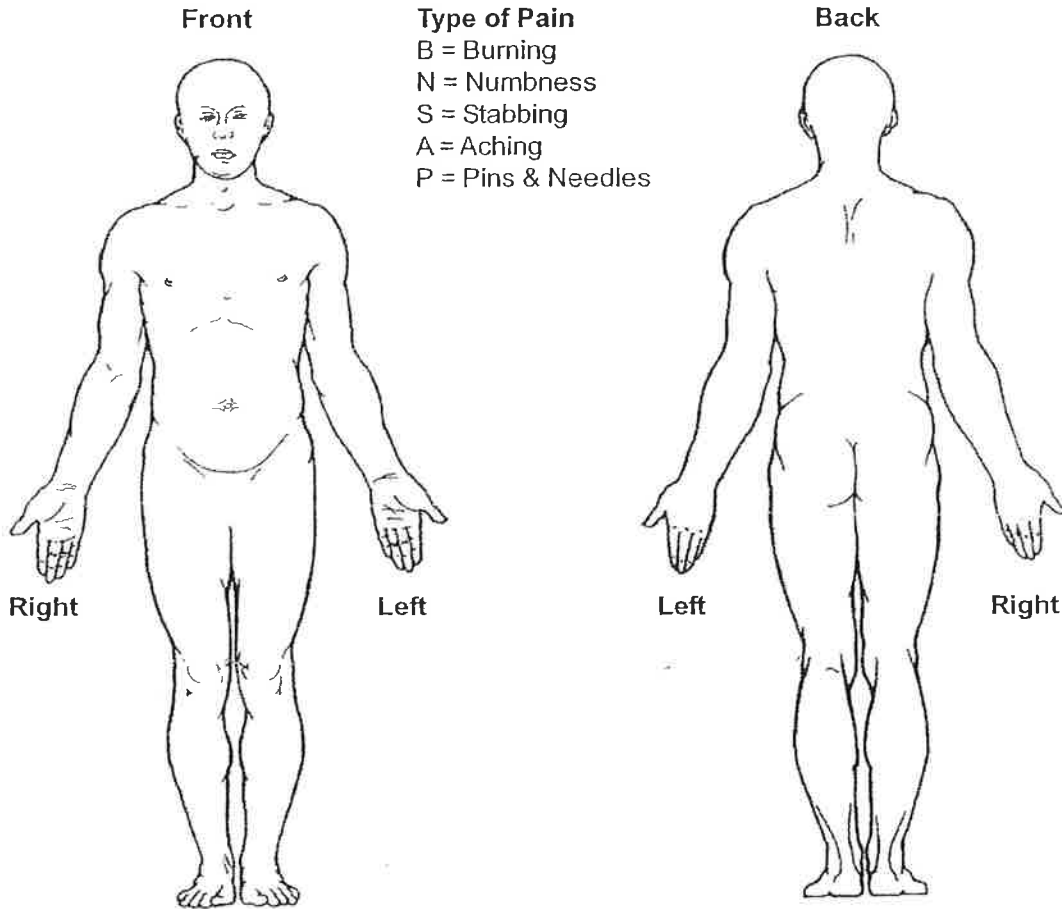
³ All employee injuries requiring more than first aid must be reported to District Office within 24 hours.

⁴ "Key findings" are factual information that contributed to the accident, for example a forklift driver was driving too fast and did not complete his training.

⁵ Conclusions are determination or result of the accident investigation, for example the supervisor failed to ensure the forklift driver completed the required training.

COPIESTO: (1) OFFICE FILE (2) DISTRICT OFFICE

Please mark the area of injury or discomfort on the chart below using the appropriate symbols:



	0 = No Pain		Pain Scale						10 = Severe Pain		
Circle one:	0	1	2	3	4	5	6	7	8	9	10