



# Employee Incident Form

All work-related injuries or illnesses should be reported to Human Resources within 24 hours of accident. Site Administrators or Office Coordinators are responsible for sending the completed **Employee Incident Form** to Human Resources.

Injured Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_:

Location of accident & school site: \_\_\_\_\_

Were there any witnesses? \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Notified:  Yes  No Date/Time: \_\_\_\_\_

1. Briefly describe the accident (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Were there any injuries?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

3. What on-site treatment was provided? As an example, band aid, ice-pack, and first aid ointment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did the employee contact the Early Intervention Nurse?  Yes  No

**\* For all accidents instruct employees to contact Early Intervention Nurse at 1-877-742-3467 ASAP.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

RETURN COMPLETED FORM TO [FAVIOLA.BERNAL@WJUSD.ORG](mailto:FAVIOLA.BERNAL@WJUSD.ORG)  
NO LATER THAN 24 HOURS AFTER ACCIDENT