



NEWBERG SCHOOL DISTRICT 29J
714 E. Sixth Street
Newberg, OR 97132
(503) 554-5000

EMPLOYEE INCIDENT REPORT

EMPLOYEE INFORMATION

Employee Name : _____ Employee # : _____

Home Address : _____

State, City, Zip : _____

Home Phone : _____ Business Phone : _____

Date of Birth : _____ Gender (circle one): Male Female

Occupation : _____ School / Location : _____

INCIDENT INFORMATION

Date of Occurrence : _____ Time : _____ Time Left work : _____

Location of Incident : _____

Describe what happened : _____

Describe any injury or illness that occurred as a result of the incident. (indicate right or left as appropriate)

What was the direct cause of the incident? (machine, tool, object, substance, etc.)

Do you plan to seek medical attention? (circle one) YES NO

If yes, please complete form 801

WITNESS INFORMATION

Witness Name : _____ Phone Number : _____

Home Address : _____

State, City, Zip : _____

Employee's Signature

Date

Supervisor's Signature

Date

Director of Finance

Date