WEST LINN-WILSONVILLE SCHOOL DISTRICT

EMPLOYEE INJURY REPORT

EMPLOYEE TO COMPLETE THIS SIDE OF FORM

Employee: _____ **Job Title:** _____

School/Dept.: _____ **Accident Location:** _____

Date of Injury: _____ **Time of Injury:** _____

Reported To: _____

Parts of Body Affected

Head/Neck	Left Side	Right Side
☐ Scalp	☐	☐
☐ Neck	☐	☐
☐ Ears	☐	☐
☐ Eyes	☐	☐
☐ Mouth	☐	☐
☐ Teeth	☐	☐
☐ Face	☐	☐

Upper Extremities	Left Side	Right Side
☐ Shoulder	☐	☐
☐ Upper Arm	☐	☐
☐ Elbow	☐	☐
☐ Forearm	☐	☐
☐ Wrist	☐	☐
☐ Hand	☐	☐
☐ Fingers	☐	☐

Lower Extremities	Left Side	Right Side
☐ Thigh	☐	☐
☐ Lower Leg	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot/Toes	☐	☐

Trunk	Left Side	Right Side
☐ Lower Back	☐	☐
☐ Upper Back	☐	☐
☐ Chest	☐	☐
☐ Abdomen	☐	☐
☐ Hip	☐	☐
☐ Groin	☐	☐

Nature of Injury

☐ Cut	☐ Scrape
☐ Skin Rash	☐ Burn or Electric Shock
☐ Foreign Body	☐ Localized Pain
☐ Inflammation	☐ Jammed a Finger or Toe
☐ Difficulty Breathing	☐ Other _____ (If other)

Did this incident involve a student? (Circle One) Yes NO

Was first aid given? (Circle One) YES NO

Witnesses:

_____

_____

_____

Employee description of incident:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Employee Signature **Date**

WEST LINN-WILSONVILLE SCHOOL DISTRICT

ADMINISTRATOR / SUPERVISOR TO COMPLETE THIS SIDE OF FORM

Date and time incident reported: _____

Were other employees injured? (Circle One) YES NO

If yes, please provide name(s): _____

Explain what employee was doing just prior to and at the time of the incident (use sequence of events), and please be specific.

_____
_____
_____
_____

Root Cause?

_____
_____
_____

Contributing Factors

☐ Machinery Defect (Save defective parts and pieces)
☐ Tool or Equipment Broke (Save broken parts and pieces)
☐ Proper Tools/Equipment Not Available
☐ Floor, Work Surface, or Walking Surface
☐ Equipment Guarding
☐ Weather/Road Conditions
☐ Other _____
☐ Housekeeping
☐ Lighting
☐ Clothing or Jewelry
☐ Training
☐ Employee Choices
☐ Supervisor Choices

Additional Information / Details:

_____
_____
_____
_____

_____ _____

Administrator / Supervisor Signature **Date**

Please return to Anju Nathan at the District office: NathanA@wlwv.k12.or.us

If you are missing work or need to see a doctor due to this injury, please Contact Natalya Vitale: VitaleN@wlwv.k12.or.us

Questions? Please call: 503-673-7000