



Snoqualmie Valley Public Schools

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REPORT OF ACCIDENT/INCIDENT

SCHOOL _____

NAME OF EMPLOYEE _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____ WHEN REPORTED _____

JOB POSITION _____ DATE OF HIRE _____

HOURS USUALLY WORKED PER DAY _____ PER WEEK _____

SPECIFIC BODY PART INJURED _____

TYPE OF INJURY (Puncture, sprain, etc.) _____

WAS FIRST AID REQUIRED YES NO LOST TIME INVOLVED YES NO

PROPERTY DAMAGE INVOLVED YES NO DESCRIBE _____

HOW DID ACCIDENT OCCUR? (Object, activity, or substance involved?) _____

WAS PERSONAL PROTECTIVE EQUIPMENT NEEDED? YES NO USED? YES NO

IN YOUR OPINION, HOW COULD THIS ACCIDENT HAVE BEEN PREVENTED? _____

WHAT UNSAFE CONDITIONS CONTRIBUTED TO THE ACCIDENT? _____

HAD THIS CONDITION BEEN REPORTED PREVIOUSLY? YES NO DON'T KNOW

IF SO, TO WHOM? _____

CORRECTIVE ACTION TO BE TAKEN FOR UNSAFE CONDITION: _____

WITNESSES? YES NO NAMES _____

WITNESS STATEMENT: _____

SIGNATURE OF EMPLOYEE: _____ DATE: _____

To be completed within 24 hours and routed to the immediate supervisor and District Safety Committee.