

# GRANITE FALLS SCHOOL DISTRICT #332

## EMPLOYEE INCIDENT REPORT

If you have been injured on the job, you must complete this form and turn it into your immediate supervisor.

Employee Name: \_\_\_\_\_

Employment Location: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Describe in detail how the injury occurred: \_\_\_\_\_

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

Was this injury caused by failure of a machine or product OR someone who is not an employee?    \_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ Possibly

Part of body injured or exposed: \_\_\_\_\_

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

List any witnesses to your injury:

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

Additional Comments or Information: \_\_\_\_\_

\_\_\_\_\_

Employee Signature

Date

\_\_\_\_\_  
Supervisors Signature

Date

**THIS FORM MUST BE TURNED INTO THE L & I ADMINISTRATOR AT THE DISTRICT OFFICE**

# GRANITE FALLS SCHOOL DISTRICT #332

## SUPERVISOR'S REPORT OF INCIDENT

**This form must be completed by the Supervisor within 24 hours of report of accident/illness by an employee.**

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

Employment Location: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Was the injured worker performing regular duties:  Yes  No

If no, what was he/she doing at the time of injury?: \_\_\_\_\_

Describe in detail how the injury occurred and if any contributing factors were involved?:

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

Was this injury caused by failure of a machine or product OR someone who is not an employee?  Yes  No  Possibly

Part of body injured or exposed: \_\_\_\_\_

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

List any witnesses to your injury: \_\_\_\_\_

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

Was emergency, medical or police contacted?  Yes  No

Action taken by emergency, medical or police?: \_\_\_\_\_

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

Action taken to prevent a reoccurrence: \_\_\_\_\_

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

Additional Comments or Information: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisors Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE TURNED INTO THE L & I ADMINISTRATOR AT THE  
DISTRICT OFFICE**