



Incident Report

This form *must* be used to document **on-the-job-injuries requiring treatment beyond first aid**. The information provided below will enable both the school and district to learn about what contributed to the incident and discover potential system failures so they can be corrected. If possible, this form should be completed and submitted to your supervisor within 24 hours of injury. *Complete an 801 form (saif.com/801form) if the event was an injury that required medical treatment beyond first aid. All work-related fatalities and events that result in the hospitalization of three or more workers must be reported to Oregon OSHA (bit.ly/3eA8LOJ) within eight hours. Report inpatient hospitalization, loss of an eye, or an amputation/avulsion to Oregon OSHA within 24 hours by phone, 800.922.2689. When sharing this form with others, please remove all employee names to protect confidentiality.*

First page to be completed by injured staff member. Second page to be completed by the supervisor.

1. Name: _____ 2. Job Title: _____
3. Phone Number: _____ 4. Building / Department: _____ 5. Name of Supervisor _____
6. Date and Time of Incident _____ : AM/PM
7. Room/Area of Incident: _____ 8. Date Incident Reported (month/day/year): _____
9. Who was Incident Reported to: _____ 10. Name of Witness(es): _____
11. Where on your body were you injured?

12. Describe incident completely (if necessary, please attach additional paper to accommodate your description):

13. Were you treated or do you want/need to be treated by a medical provider? YES NO
14. Were you able to complete your shift on the date of the incident? YES NO
15. Did you miss any days from work due to injury? YES NO If yes, list day(s) missed from work: _____
16. If you received medical care beyond first aid, did you receive a work release?
____ YES, fully released to work. ____ YES, released with work restrictions. ____ NO, not released to return to work.
17. Do you believe you sustained a serious physical injury as a result of your role in restraining a student? ____ YES ____ NO
If so, a copy of this incident report will be sent to your union, if applicable, and the Superintendent.

Employee Signature: _____ Date: _____

By signing this form, I certify information is true and accurate. Upon completion submit to your supervisor.

This page to be completed by supervisor

Per ORS 339.294(7) the district is required to notify the Superintendent and applicable union within 24 hours of serious bodily injury in relation to the use of restraint and/or seclusion.

Incident Analysis

Incident Information	
Date:	Location of the alleged incident:
Time:	
Manager on duty:	Date incident was reported:
Description of the incident (list any property damage if applicable):	

Witnesses			
Name:	Contact info (phone, email):	Address:	Employee? Yes No
Name:	Contact info (phone, email):	Address:	Employee? Yes No
Name:	Contact info (phone, email):	Address:	Employee? Yes No

Root Cause Analysis (Check all that apply)			
Contributing Actions		Contributing Conditions	
<input type="checkbox"/> Use of safety devices <input type="checkbox"/> Procedural issue <input type="checkbox"/> Equipment condition <input type="checkbox"/> Operator skill <input type="checkbox"/> Material handling <input type="checkbox"/> Warning method <input type="checkbox"/> Authorization issue <input type="checkbox"/> Other:	<input type="checkbox"/> Use of PPE <input type="checkbox"/> Speed of operation <input type="checkbox"/> Lifting technique <input type="checkbox"/> Recapped needle <input type="checkbox"/> Use of tools <input type="checkbox"/> Type of clothing <input type="checkbox"/> Awareness <input type="checkbox"/> Other:	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Condition of surface <input type="checkbox"/> Ergonomic issue <input type="checkbox"/> Guards/barriers <input type="checkbox"/> Tools/equipment <input type="checkbox"/> Sharp object <input type="checkbox"/> Inclement weather <input type="checkbox"/> Other:	<input type="checkbox"/> Exposure <input type="checkbox"/> Noise <input type="checkbox"/> Chemicals <input type="checkbox"/> Fire/explosion hazard <input type="checkbox"/> Radiation <input type="checkbox"/> Lighting/temp/ventilation <input type="checkbox"/> Training <input type="checkbox"/> Other:

The “Why” Root Cause Analysis
Repeatedly asking the question “why” can help you drill down to the root cause of an incident. For instance, if an employee slipped and fell, the line of questioning could go as follows: <ul style="list-style-type: none"> Why did they slip? Answer: The floor was wet. Why was the floor wet? Answer: It was raining and water pooled in the front of the building.

<ul style="list-style-type: none"> Why did the water pool? Answer: The tiles are improperly graded, which creates stagnant water.
The scenario:
Why 1:
Why 2:
Why 3:

Root Cause Narrative
Based on your analysis, describe what caused the incident:

Possible Corrective Action				
___ Isolate and guard the hazard ___ Automate a manual process ___ Remove the hazard (redesign) ___ Provide ventilation ___ Use new tools or equipment	___ Implement a procedure change ___ Provide safety training ___ Add signage and warnings ___ Improve housekeeping practices ___ Provide lab coats	___ Provide gloves ___ Provide respirators ___ Use safety glasses ___ Provide safety shoes ___ Other:	___ Provide hard hats ___ Provide face shields ___ Use cut resistant clothes ___ Use hearing protection ___ Other:	
Corrective Action (Include one corrective action for every root cause.)		Responsible Individual	Expected Completion Date	Actual Completion Date