NORTHWEST CHRISTIAN
SCHOOLS, INC.

Employee Report of Incident, Injury, or Illness

Instructions: Please Print. Fill in all blanks. If a blank does not pertain to your incident, injury, or illness, write "N/A" in that blank. When completed, return this form to the Human Resource Coordinator.

Employee Name: ____

Job Title	Supervisor's Name:
Department	Date & Time of Incident:
Location of Incident	Task being Performed:
Name of Witness	Name of Witness

Details of Accident/Exposure

Describe what the employee was doing at the time of the accident/exposure. Be specific and identify instruments, equipment, or material the employee was using:

____

____

____

Object or substance that injured employee: ____

Was a sharp involved? ¨No ¨Yes If yes, indicate type of sharp____

Nature of injury or illness and body part affected: ____

If it is an exposure to blood or saliva, what is the name of the source patient? ______________________________

What could have prevented this incident? ____

____

____

Medical Treatment

First aid or medical treatment provided on site? ___Yes ___ No

Seen by medical care provider? ___ Yes ___ No

If yes, name of medical care provider: _________________

Medical care provider’s instructions, if any:

____

____

Was employee able to work after injury? __Yes ___ No

Cause of Accident/Exposure

Check one: __ Improper procedure __ Inattention __ Haste __ Attire __ Other: ________________

Due to malfunction of object/substance? __ Yes __ No Explain: ______________________________

Due to unsafe act? __ Yes __ No Explain: ____

Due to unsafe condition? __ Yes __ No Explain: ____

Was safety equipment required? __ Yes __ No

Was safety equipment used? __ Yes __ No

Describe: ____

Corrective Action

The following corrective actions should be taken to assure that the incident does not happen again:________

____

____

The information I have provided either in my own writing or verbally for the purpose of this form is true and correct. I understand that providing false or misleading information or omission of information on this report or any other form relating to this claim of injury/incident may result in discipline up to and including termination of my employment.

MEDICAL RELEASE AUTHORIZATION

I authorize any medical institution or health care provider to supply information about my physical or mental conditions to Northwest Christian Schools. I also authorize release of all information about my medical history and treatment I have received to Northwest Christian Schools. I direct my health care provider to allow Northwest Christian Schools to review and copy all records concerning my medical condition and medical history, upon presentation of this authorization or a copy of it.

Signature of Employee: ________________________________ Date: __________

Signature of Witness: __________________________________ Date: __________