



Employee Incident Report

Creswell School District Employee Information		Incident Information	
Name		Date	
Phone #		Time	
Position		Location	
		Witness	

Describe what happened in detail, including times and locations.

Describe ALL injuries in detail, including any part of the body affected.

Nurse Assessment	
Comments from Witnesses	Other Comments

Work Status		
Did the employee return to work?	Yes	No
If not, was workman's compensation paperwork completed?	Yes	No

Employee Signature		Date	
Supervisor Signature		Date	
Nurse Signature		Date	