



# Incident Investigation Form

(This is NOT a Worker's Compensation benefits claim form.)

**PART 1: To be completed by the INJURED EMPLOYEE and submitted to their supervisor.**

If you are injured at work and need to seek treatment for your condition, you MUST call 509-789-3516 or 1-800-531-4290 to file a Workers' Compensation claim for benefits.

- Have you already filed a claim?  Yes  No
- Did you miss work as a result of this incident?  Yes  No If yes, list date(s): \_\_\_\_\_
- Did you see a doctor?  Yes  No If yes, name, address, phone of physician/clinic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE INFORMATION:**

Last Name:		First:		Middle Initial:	
Address:					
City:		State:		Zip:	
Gender:		Birthdate:		Last 4 SS#:	
Work Phone:		Email:			
Job Title:					

**SCHOOL INFORMATION:**

District Name:		School/Building:	
Supervisor Name:		Job Title:	

**INCIDENT INFORMATION:**

Date of Incident:		Time:		Day of Week:	
Date of Report:		Reported to whom:			
Specific Location:					
Witness #1 Name:		Phone:			
Witness #2 Name:		Phone:			

**Completely describe incident:**

**Describe your injuries – include body parts and specific injuries:**

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

\_\_\_\_\_  
Date

**PART 2: To be completed by the INJURED EMPLOYEE'S SUPERVISOR and submitted to ESD101 Risk Manager.**

- Submit this form within 48 hours to: [riskmanager@esd101.net](mailto:riskmanager@esd101.net) OR ESD101 Risk Manager, 4202 S. Regal, Spokane, WA 99223
- Provide additional copies to your District Administration Office and your building's Safety Committee Chairperson

**SUPERVISOR INFORMATION:**

Last Name:		First:		Middle Initial:	
Work Phone:		Email:			
Job Title:					

**INVESTIGATION COMMENTS:**

<b>Describe the incident in your own words:</b>  
<b>What could have been done to prevent this incident?</b>  
<b>Have all unsafe conditions been corrected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what has been done? If "No," what needs to be done?  
<b>Have all unsafe activities been addressed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what has been done? If "No," what needs to be done?  
<b>Has additional Personal Protective Equipment (PPE) been provided as a result of this incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the PPE(s) and who received them:  
<b>Has additional training been provided as a result of this incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe training and who received it:  
<b>Additional Comments / Notes:</b>    

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date