Bend-La Pine Schools Incident Report Form

Use this form to record incidents that occur on Bend-La Pine Schools' property involving **staff or volunteers/visitors.**
Section 1 is to be completed by the injured person or designee. Section 2 is to be completed by the site supervisor or designee.
Upon completion, return this form to the Human Resources / Benefits Department: hr-benefits@bend.k12.or.us

SECTION 1

Check One: ☐ BLS Employee ☐ Volunteer / Visitor ☐ HDESD Substitute ☐ Other:		
Name of Injured Person:		
Address of Injured Person:		
Contact Info of Injured Person:	Phone:	Email:
When did the incident occur?	Date:	Time:
Where did the incident occur?	Department / School:	Location:
What happened? Describe sequence of events and extent of injury. Include details of incident location, activity, where, how, if equipment was involved, etc. Attach separate page if necessary.		
Describe the injury. (Describe the extent of injury. Include body part(s) affected.)		
Describe care or first aid administered and name of who administered care.		
Potential Bloodborne Pathogen exposure? ☐ Yes ☐ No		
Witnesses to Incident:		
Name:		Name:
Name:		Name:
Were other employees involved? ☐ Yes ☐ No If yes, who?		
Were students involved? ☐ Yes ☐ No If yes, who?		
Did injured person seek medical care? ☐ Yes* ☐ No If yes, when?		
If injured person is a Bend-La Pine Schools employee, please complete the following:		
Employee Job Title:		Supervisor:
Primary Work Location:		
Did injured person complete a SAIF 801 form? ☐ Yes* ☐ No ** It is a requirement for employees to submit a Workers Compensation Form (SAIF 801 form) if medical treatment other than first aid is sought. Forms must be completed within 3 days from the date of injury and sent to the Human Resources / Benefits Department.*		

Post Incident / Accident Investigation

This section is to be completed by the site supervisor or designee.

SECTION 2

Site Supervisor's Name:	Title:
Name of Injured Person:	
Investigator's Name:	Date of Investigation:
Investigation Team Member Name(s) *if applicable*	

What caused the incident / accident?

List all tasks, causes and contributing factors to the incident.
Factors might include lack of supervision, inadequate training, poor equipment maintenance, and inadequate policy.

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Corrective action / mitigation effort

List corrective action or mitigation efforts that will be done to help prevent future accidents.
Include anticipated completion date, if known.

1.	Corrective Action:
	Approximate completion date:
2.	Corrective Action:
	Approximate completion date:
3.	Corrective Action:
	Approximate completion date:

Attach photographs, sketches of the scene, or other relevant information.

Site Supervisor Signature: _____ Date: _____

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