

IRVING INDEPENDENT SCHOOL DISTRICT
Incident Investigation Report

EMPLOYEE NAME and District Dept/Campus:		Employee #		Gender: [] Male [] Female	
				[] Full Time Employee [] Part Time Employee	
<u>Incident Category:</u> Personal Injury [] Motor Vehicle [] Property Damage [] Other (explain) [] _____		<u>DAY</u> and Date of Incident		Time on present Job Months _____ Years _____	
		Time of Incident: : AM : PM		Employee's Job Title:	
		Location of Incident:		Damage Estimate if known \$	
First Aid or Medical Attention Given by: (name and address)					
Was Weather a factor? [] YES [] NO Conditions: _____		Did Supervisor see Incident? [] YES [] NO		Witnesses: _____ _____ _____	
Severity of Injury or Illness: First Aid [] Non-disabling [] Disabling [] Medical Treatment []				Has the injured returned to work? [] YES [] NO	
<u>Specific</u> (left arm, right foot, upper back, etc.) part of body affected and type of injury (sprain, laceration, bruise, burn, etc.)					
Detailed description of incident:					
Factors contributing to incident:					
What was <u>NOT</u> safe concerning the act, machine, tool, equipment, process, location, or vehicle?					
What safety equipment was in use?			<u>IF</u> safety equipment was NOT in use – <u>explain why</u> .		
Recommendations to prevent a similar incident:					
Date Prepared		Manager/Supervisor's Signature		Employee's Signature	
OTHER COMMENTS:					