NEWESD 101 Workers' Compensation Cooperative

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 TAHLIA LEDEZMA in Human Resources

SUPERVSOR INFORMATION:

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

INVESTIGATION COMMENTS:

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

_____ _____

Supervisor Signature Date

WHEN COMPLETED, PLEASE SUBMIT TO TAHLIA LEDEZMA IN HUMAN RESOURCES