Young Peoples Workshops
YPW
SPANISH IMMERSION SCHOOL

Incident Report - Employee's Report of Injury

Employee Information						
Name:					DOB:	
Department (circle one)	Grounds	Trades	Security	Custodial	Title:	
Incident Information						
Location (circle one)	Main Campus	RiverPoint Campus	Satellite Property	Other		
Date of injury: _____		Time of injury: _____	AM	PM		
Nature of injury (such as cut, scrape, bruise or strain):						
Part of body that was injured (be as specific as possible):						
Left work / sought treatment?	__ No	__ Yes	Returned to work?	__ No	__ Yes	
Returned the same day?	__ No	__ Yes	Time: _____	AM	PM	
Where and how did the accident happen?						
What were you doing at the time of the accident or illness:						
Specify any equipment, substance, or object connected with the accident or illness:						
Witness(es):						
Measures recommended to prevent a similar accident:						
Signature:					Date:	

Review this form with your supervisor immediately; supervisor must submit this form to YPW upper management within 24 hours

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Incident Report - Supervisor's Report of Injury

Employee Information	
Employee Name:	Employee DOB:
Department (circle one) Grounds Trades Security Custodial	Supervisor:

Incident Information			
Location (circle one)	Main Campus	Riverpoint Campus	Satellite Property Other
Date of injury: _____	Time of injury: _____	AM	PM
Nature of injury (such as cut, scrape, bruise or strain):			
Part of body that was injured (be as specific as possible):			
Did employee seek treatment? __ No __ Yes	Did emp. leave work? __ No __ Yes		
Returned to work? __ No __ Yes	Time (if same day): _____	AM	PM
Activity Prescription Received _____	*or* Anticipated Return to Work: _____		
Where and how did the accident happen?			
What was employee doing at the time of the accident or illness:			
Specify any equipment, substance, or object connected with the accident or illness:			
Witness(es):			
Measures recommended to prevent a similar accident:			

Supervisor Signature:	Date:

Review this form with your supervisor immediately; supervisor must submit this form to YPW upper management within 24 hours