

Employee Incident/Accident Report/Analysis
(Please Print)

Please complete the SAIF Corporation Incident Report/Analysis Form and answer all of the following questions within 24 hours of incident. Turn in completed forms to Kailin Wells at the District Office, in person, when complete.

Employee Name _____

Where Injury Occurred _____ Date/Time _____ am/pm

Describe Incident/Accident Fully:

What Specific Injury did you suffer?

What Specific Treatment did you require?

Treating Physician _____ Phone _____

First Aid Only

Witnesses' _____

If the incident involved a student, list name(s). _____

If incident was caused by a person not employed by us, who?

Name _____ Phone _____

Address _____

What were the antecedents to this incident?

What were your actions to diffuse the situation?

Classroom Teacher Answers Remaining Questions

If the student is on an IEP answer the following questions.

Was the IEP followed? Yes _____ No _____

Explain Specifics of incident in relation to the IEP.

Follow-Up Required

Should there be a change to the functional behavior assessment or IEP?
Why or Why Not?

Management

Identify factors which contributed to or cause accident.

Date _____

Supervisor's Signature

Note: Complete Workers Compensation claim (Form 801) if injury required doctor's treatment. Form 801 must be received by SAIF within five (5) days of your knowledge of doctor treatment.