Livingston EDUCATIONAL SERVICE Agency

EMPLOYEE INCIDENT REPORT

EMPLOYEE: Please provide the information requested.

Name: Telephone Number:

_____ _____ _____

First Name *Last Name*

Address:

_____

Date of Birth: Marital Status: Gender:

_____ _____ _____

Job Title: Date of Incident: Date Reported: Name of Witness:

_____ _____ _____ _____

What type of injury did you incur? What part(s) of your body were injured?

_____ _____

Example: cut, bruise, bite, etc.

Describe, fully, how the incident/injury occurred:

_____

Was Nurse called? Time: Date:

☐ Yes ☐ No _____ _____

Treatment Required:

_____

Authorization for Treatment given? ☐ Yes ☐ No ☐ Refused

Program Supervisor Notified: ☐ Yes ☐ No Date: _____

Signature: _____

Date: _____
[mm/dd/yyyy]

SUBMIT

SUPERVISOR SIGNATURE

Signature: _____

Date: _____
[mm/dd/yyyy]