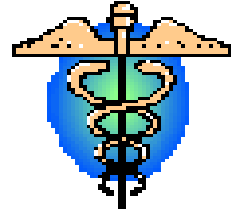


**JAMESTOWN PUBLIC SCHOOL DISTRICT #1
EMPLOYEE INCIDENT REPORT**



This report must be filled out immediately after the incident occurred, and given to your Principal/Director.

Name of Employee: _____ Date of Incident: _____

Location/School: _____ Time of Incident: _____

Witnesses: _____

Describe how the incident/accident happened:

Describe the type of injury you received from the incident/accident (be specific):

Have you had prior problems or injuries to this part of the body? Yes _____ No _____

Was first aid administered? Yes _____ No _____

If yes, what type of first aid? _____

Corrective Action: How do you feel this incident/accident could have been prevented?

Were you able to continue working: Yes _____ No _____

Is/Was there a need to see a physician? Yes _____ No _____

Is/Was hospitalization necessary? Yes _____ No _____

 Employee Signature Date

 Principal/Director Signature Date

FAX TO CENTRAL OFFICE at (701) 251 – 2011 UPON COMPLETION

Original should be sent to Central Office in school mail

 Superintendent Signature Date