

**Accident Analysis Form
Clackamas Education Service District**

When you have an on-the-job injury, you **must** talk with your manager immediately. (Call the program secretary if the manager is not available.) The manager will complete this form and fax or send it to Human Resources (503-675-4200) **immediately**.

1. Employee _____ Dept _____ Phone # _____
2. Manager _____ Dept _____ Phone # _____
3. Date/Time of Accident _____ Date/Time 1st Reported _____
4. Accident Location _____
5. Describe injury (nature of injury/part of body):
6. Describe accident fully (what happened and why):
7. List witnesses and phone numbers:
8. Describe the procedure followed and first aid rendered:

Completed by: _____ Title: _____

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

CAUSES	
1	
2	
3	

FOLLOW-UP ACTIONS		PERSON(S) RESPONSIBLE	TARGET DATE
1			
2			
3			