

**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 1<sup>st</sup> 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: \_\_\_\_\_

<b>CAUSES</b>	
1	
2	
3	

<b>FOLLOW-UP ACTIONS</b>		<b>PERSON(S) RESPONSIBLE</b>	<b>TARGET DATE</b>
1			
2			
3			