



Sheridan School District
435 S Bridge Street
Sheridan, OR 97378
(971) 261-6959

EMPLOYEE INCIDENT REPORT

EMPLOYEE INFORMATION

Employee Name: _____

Home Address: _____

City, State, Zip code: _____

Phone Number: _____

Date of Birth: _____

Gender (Check one): Male Female

Occupation: _____ School / Location: _____

INCIDENT INFORMATION

Date of Occurrence: _____ Time: _____ Time Left Work: _____

Location of Incident: _____

Describe what happened: _____

Describe any injury or illness that occurred. (Indicate right or left as appropriate.)

What was the direct cause of the incident? (machine, tool, object, substance, etc.)

Do you plan to seek medical attention? (check one) YES NO

If yes, please complete form 801

WITNESS INFORMATION

Witness Name: _____

Phone Number: _____

Home Address: _____

City, State, Zip: _____

Employee's Signature

Date

Supervisor's Signature

Date

Business Manager

Date