**TWIN RIVERS CAREER & TECHNICAL EDUCATION AREA**

*(Working Copy 12/11/15)*

# EMPLOYEE ACCIDENT REPORT

Employee Name _____ Date of Incident _____

Program Area _____ Location of Incident _____

Time of Incident _____

Describe incident: include names of those involved and immediate action taken

_____
Signature of individual completing report and position

I witnessed the incident and the above statement describes the incident and action taken.

_____ Signature

_____ Signature

Follow up to incident: Safety procedure reviewed (changes needed). Results of incident – (employee miss work, when return to work, medical procedure required

This report is to be completed the day of the incident and sent to the Career & Technical Education Director.