



Bismarck Parks and Recreation District Initial Incident/Accident Report

EMPLOYEE/PARTICIPANT SECTION

This section is to be completed by the employee with their supervisor.

Check all that apply:

- Property Damage
 Injury with Medical Treatment
 Injury without Medical Treatment
For Employees Only: WSI First Report of Injury Filed? Yes or No WSI Incident Report Filed? Yes or No

Date of incident	Time a.m. p.m.	Location of incident
Name of Person(s) Involved (<i>Please Print</i>)		Street Address, City, State, Phone #:

1. Description of incident:

2. Description of extent of injury and body part injured:

3. Treating physician/medical facility, if needed: _____
- 4a. Witness(es) to the incident: _____
- 4b. Witness address/phone #: _____
5. How could the incident/accident have been prevented?

Employee Signature	and Date of Birth (if WSI injury)	Date
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SUPERVISOR'S INVESTIGATION SECTION

1. Nature of injury or illness (Body part):

2. Object/equipment/substance which inflicted injury or caused illness:

3. Description of event (Who, What, How):

ANALYSIS OF CAUSES

4. Primary and contributing causes:

5. Would safety equipment or training have prevented the accident?

6. Corrective action taken (Ex. Remove the hazard, replace, repair, or retrain on proper procedure)

For Office Use Only: WSI Account #: 0150391

Investigated by:	Date
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Management Review	Date
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