

Completing An I.A.R.

(Incident Analysis Report)

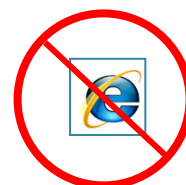
For **BEST** Results Use – Mozilla Firefox



OR Safari if you are using a Mac.



You may encounter errors if you use – Internet Explorer



Go to the MESD Online Forms – <https://forms.mesd.k12.or.us>

1. Did the Incident Cause an Injury? Check mark the appropriate box
2. Did the Incident Require Medical Attention, cause Time Loss, cause a BF Exposure or was it Fatal? Check mark the appropriate box
3. Was it a Temporary or Substitute employee? If so, check mark the Temp/Sub box.
4. Enter the PEID – This is the 6 digit employee identification number. It can be obtained from payroll, Human Resources, the department secretary. It can also be found on your earning statement (check stub). This is **NOT** your sub ID# or your SubFinder PIN#.
5. Enter First Name:, Last Name:, Job Title:, & Work Phone:.
6. Enter Work Site: - This is where you were when the incident occurred. (i.e. Ainsworth, Pathways, Arata Creek, Wynne Watts, David Douglas High School, Thompson, Edwards, etc.)
7. Enter Time of Employment: - How long have you been working for MESD
8. Select your Supervisor from the drop down box
9. Enter your Supervisors work phone number
10. Enter the Program/Department you were working for. (i.e. Human Resources, FLS, ECSE, ODS, TS, etc.)
11. Enter Location of Incident. (i.e. Classroom, hallway, cafeteria, break room, restroom, parking lot, etc.)
12. Enter Incident date in the MM/DD/YYYY format.
13. Enter Incident Start Time and End Time in twelve hour format – **Do NOT use military 24 hour format**
14. Enter Description of Environment
15. Select Individuals that were Present and put in their names, present/witness, and position
16. What Happened? – Fill in the box with a **detailed** description of what happened
17. Where &: When Did This Happen? – Upon arrival to work on the stairs, in the parking lot after lunch, etc.
18. How & Why Did This Happen? – Something was misplaced, something fell, etc.
19. Fill in Specific Injuries & Cause of Injury: - sprained finger, twisted ankle, tripping, etc.
20. Note the notification to required persons: - Be sure to fill the date in with MM/DD/YYYY format and the time in twelve hour format – **Do NOT use military 24 hour format**
21. Click on the **'Send to Supervisor'** button



Multnomah Education Service District

A Regional Cooperative Opening Doors to Education

New Employee

New Employee
Safety Incident

Incident Analysis Report

Send to Supervisor

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Complete only this incident report if these boxes are checked: Incident with Injury <input checked="" type="checkbox"/> Incident without Injury <input type="checkbox"/>	Complete incident report and 801 if these boxes are checked: Medical Care <input type="checkbox"/> BF Exposure <input type="checkbox"/> Time Loss <input type="checkbox"/> Fatal <input type="checkbox"/>
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Employee must complete this form and contact immediate supervisor/designee by end of the work day of incident.

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Temp/Sub:

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PEID: 999999

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Firstname: Diddley

Lastname: Winks

Jobtitle: Paper Pusher Temp

Work Phone: 599-999-5698

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Work Site: Ainsworth

7

Time of Employment: < 6 months

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Supervisor/Designee: Kelly Schwartz

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Work Phone: 599-999-5698

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Program/Dept: Human Resources

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Location of Incident: 2nd Floor HR Annex

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Incident Date: 03/13/2009 Start Time: 08:40 am

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Description of Environment: Desk Workspace

Report Date: 03/13/2009 End Time: 08:47 am

15

Individuals Present:

Student(s)

Related Services

Regular Staff

Substitute/Temp

Supervisor

Parent/Guardian

Other (Explain)

Names of Others Present/Level of Involvement:

Ima Berry	present	substitute
Georgie Porgie	witness	staff

Description of Incident:

Answer All 3 Questions:

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1.) What happened?

I was carrying a box of paper and dropped it on my left foot.

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2.) Where and when did this happen?

Next to the printer counter in the HR Department Annex.

18

3.) How and why did this Happen?

The box being carried tore and I lost my grip which caused the contents to fall on my foot.

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Specific Injuries: Bruised foot and sore baby toe Cause of Injury: Impact of contents on foot

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Notifications: (Must Report to All That Are Relevant)

Supervisor

Date Notified: 03/13/2009

Teacher

Date Notified:

Nurse Consultant

Date Notified: 03/13/2009

Time Notified: 09:00 am

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Send to Supervisor