



NYE COUNTY

ACCIDENT/INJURY/INCIDENT INVESTIGATION FORM

Employee Involved: _____ **Employee ID#:** _____

Department: _____ Position: _____ Ph#: _____

Work Location (check one): Amargosa Beatty Pahrump Tonopah Other: _____

Date of Incident: _____ **Time of Incident:** _____ a.m. _____ p.m.

Location of Incident: _____

Was Medical Treatment received: _____ Yes _____ No

Was Medical Treatment received: Yes No

Incident Description (please include tools, machinery, weather conditions and other equipment involved):

(Please use additional sheets if needed)

Witness Name(s) and Work Phone Number(s):

Drug Tests Completed (Select one):

Mouth Swab Yes No Date of sample _____ Results Positive Negative

Urine Sample Yes No Date of sample _____ Results Positive Negative

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____