



**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

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

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(Please use additional sheets if needed)

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

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**Drug Tests Completed (Select one):**

<b>Mouth Swab</b>	<b>Yes</b>	<b>No</b>	<b>Date of sample</b> _____	<b>Results</b>	<b>Positive</b>	<b>Negative</b>
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<b>Urine Sample</b>	<b>Yes</b>	<b>No</b>	<b>Date of sample</b> _____	<b>Results</b>	<b>Positive</b>	<b>Negative</b>
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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_