

EMPLOYEE'S STATEMENT OF ACCIDENT/INJURY/ILLNESS REPORT

****IMPORTANT – PLEASE COMPLETE ALL SECTIONS ON FRONT AND BACK****

Full Name: _____ Social Security #: _____

Address: _____ Male: ___ Female: ___

_____ Position: _____

Home Phone #: _____ Salary: _____ or Average weekly salary: _____

Marital Status: _____ Date of Birth: _____ Status: ___ F/T ___ P/T ___ SUB

Date of Hire: _____ How long at current job? _____

Date of Incident/Accident: _____ Time: _____ am ___ pm ___

Did injury/illness occur on school system property? Yes ___ No ___

Actual Time Employee Began Work: _____ am ___ pm ___

Names/Department/Addresses (if non-employee) of witnesses: _____

Name of Immediate Supervisor: _____

Name of Supervisor Notified: _____ Date: _____

Medical Treatment Required? Yes ___ No ___ Hospitalized? Yes ___ No ___

Previous injury to same body part? Yes ___ No ___ Date of previous injury: _____

Previous injury resolved? Yes ___ No ___

Describe any medical treatment received or are scheduled to receive: _____

Refused treatment ___ No treatment necessary ___ First aid ___ By Emergency Department ___ Other ___

If other, explain: _____

Physician's Name & Address: _____

Hospital Name: _____

Address: _____

COMPLETE DETAILS OF INCIDENT: (Be as specific as possible about what happened)

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TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENT IS CORRECT.

DATE

EMPLOYEE SIGNATURE

This form must be given to employee's supervisor immediately following the incident.

Instructions: Circle a number in each group that applies and fill in blank if applicable.

Place of Accident:

Central Office	1	School	_____	4
School Grounds	2	Bus/System Vehicle (Route #, bus/vehicle #)	_____	5
To and from school	3	Elsewhere	_____	6

Location of Accident:

Athletic field	7	Streets/highways	16	Sidewalks	25
Restrooms	8	Science class/lab	17	Stairs, indoor	26
Auditorium	9	Swimming pool	18	Industrial ed. shops	27
Showers	10	Homemaking classes	19	Body of water	28
Cafeteria	11	Driver ed. class	20	Industrial place/premise	29
Classroom, general	12	Dressing room/lockers	21	Parking areas	30
Biology class/lab	13	Driveway	22	Playground	31
Stairs, outside	14	Gymnasium	23	Public buildings, other	32
Chemistry class/lab	15	Corridor	24	Yards, fields	33
Other	_____	34			

Possible Causes:

Classroom activity	35	Maintenance/Operation	43	Burn by exposure	51
Physical ed. class	36	Twisting	44	Strike against/stepped on	52
Bending	37	Post-school activity	45	Lifting/carrying	53
Pre-school activity	38	Repetitive motion	46	Walking	54
Recess	39	Slip/trip/fall	47	Climbing	55
Struck/injured by	40	Confined space	48	Power tools	56
Forklift	41	Hazardous materials	49	Vehicle	57
Lifting	42	Noise	50	Electricity	58
Other	_____	59			

Nature of Injury:

No apparent injury	60	Dermatitis	70	Puncture	80
Abrasion/bruise	61	Dislocation	71	Respiratory	81
Amputation	62	Drowned	72	Scratch	82
Asphyxiation	63	Foreign body	73	Shock, electrical	83
Bite	64	Fracture	74	Sprain/strain	84
Bruise/contusion	65	Infectious/other exposure	75	Sting/insect bite	85
Burn/scald	66	Internal injuries	76	Suffocation	86
Concussion	67	Poison, solid/liquid	77	Teeth injury	87
Crush	68	Poison, gas/vapor	78	Blurred Vision	88
Cut/laceration	69	Psychological	79		
Other	_____	89			

Part of Body Injured:

Abdomen	90	Elbow	99	Internal organ	108	Ribs	117
Ankle	91	Eye	100	Knee	109	Scalp	118
Arm	92	Face	101	Leg	110	Shoulder	119
Lower arm	93	Fingers	102	Lower leg	111	Spine	120
Upper arm	94	Foot	103	Upper leg	112	Stomach	121
Back	95	Forehead	104	Mouth	113	Teeth	122
Buttock	96	Groin	105	Neck	114	Toe	123
Chest	97	Hand	106	Nose	115	Wrist	124
Ear	98	Head	107	Pelvis	116		
Other	_____	125					

Departments:

Administrative (school)	126	Information Systems	130	Transportation (bus)	134
Administrative (Cent. office)	127	Instructional	131	Transportation (shop)	135
Counselor	128	Maintenance	132	Volunteer	136
Crossing Guard	129	Therapist	133	Food Service	137