

ACCIDENT REPORT FORM

SCHOOL EMPLOYEES ARE TO USE THIS FORM TO REPORT ALL ACCIDENTS

This side is to be completed by the employee and submitted to the building principal

NAME _____ SS. NO. _____ DATE OF ACCID. _____

ADDRESS _____

AGE _____ SEX _____ OCCUPATION _____ School _____

WHAT WAS EMPLOYEE DOING WHEN INJURED? _____
(Be specific: name machine, tool, vehicle, substance, etc. he was using.)

HOW DID ACCIDENT OCCUR? _____
(Describe events leading to injury or occupational illness. Name any object or substance involved and how it was involved.)

WHERE DID ACCIDENT OCCUR? _____
(If not on premises, indicate street-city-state.)

DESCRIBE INJURY OR ILLNESS _____
(Amputation, cut, contusion, strain, laceration, foreign body, burn, etc. and name part of body affected, eg. right index finger etc.)

NAME AND ADDRESS OF PHYSICIAN _____

IF HOSPITALIZED, GIVE NAME _____

COMMENTS: