HARRISON CENTRAL SCHOOL DISTRICT

Employee Incident Report of Work-Related Injury or Occupational Illness

Employees who experience a work-related accident or believe that they have an occupational illness must file this report with the school nurse as soon as possible after the incident, but not more than five (5) days after the incident.

Section I: Employee Information

Employee Name: _____ Social Security #_____
First Middle Last

Address: _____

Day Phone: _____ Gender: ☐ Male ☐ Female Date of Birth:_____

Position:_____ School:_____ Dept: _____

Section II: Incident Information

Date of Accident:_____ Time: _____AM/PM Hour you started work:_____AM/PM

Date Hired: _____ Location of incident: _____ Room#/Area:_____

Was this the location you normally work: ☐ Yes ☐ No If No, explain why: _____

Supervisor's Name: _____ Did the supervisor see the incident happen: ☐ Yes ☐ No ☐ Unknown

Did anyone else witness the incident happen: ☐ Yes ☐ No ☐ Unknown If Yes, give name(s):_____

What the employee was doing when the injury/illness happened:_____

_____

_____

How the injury/illness occurred: _____

_____

_____

Explain fully the nature of injury/illness: _____

_____

_____

Was an object involved in the incident/injury: ☐ Yes ☐ No If Yes, what was it: _____

Was the incident/injury the result of operation of a Motor vehicle: ☐ Yes ☐ No If Yes: Employee vehicle/Employer Vehicle/Other

Vehicle License Plate #:_____ Name and address of Vehicle Insurance Carrier: _____

If the incident/injury involved a vehicle, was a police report filed? ☐ Yes ☐ No If Yes, which police dept: _____

Section III: Follow-up Information

Did you go to a doctor or a hospital: ☐ Yes ☐ No If Yes, Date(s):_____

Name and address of Doctor: _____

Hospital Name and Address: _____

Signature of the injured employee: _____ Date:_____

Report was taken by: _____

Nurse retains/files copy & forwards original to the Supervisor/Principal to complete page 2 of this form.

Section IV: Completed by Employee's Supervisor

Name: _____ Title: _____

When the incident was brought to your attention & by whom: _____

What role, if any, you played in responding to the incident: _____

Additional comments, if any, about the incident based on the employee's account: _____

Supervisor's Signature

Date

Supervisor retains/files copy& forwards original to the Office of Human Resources.