

CARBON COUNTY SCHOOL DISTRICT NO.1

EMPLOYEE REPORT OF INJURY

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone#: _____

INJURY INFORMATION

Date of Injury: _____ Time of Injury: _____

Person Contacted: _____ Job Title: _____

Location of Accident: _____

Describe the accident/injury (also please describe which side of body and body part injured): _____

Signature _____ Date: _____