

EMPLOYEE INJURY REPORT

INSTRUCTIONS: To be completed by employee within 24 hours of injury and given to immediate supervisor who will investigate, complete, scan and email to: workerscomp@lakotaonline.com within 48 hours.

ALL SECTIONS MUST BE COMPLETED IN FULL OR REPORT WILL BE RETURNED

EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Name _____ Employee ID # _____
Address _____ City _____ Zip _____ Phone _____
Email Address _____
Date of Birth _____ Building _____
Job Title _____ Time Shift Started _____

INJURY/TREATMENT INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Date of injury _____ Time of injury _____
Date reported & to whom _____
Location of the incident _____
Did the incident involve a student(s): Yes No
Check body part(s) affected and circle Right/Left (or both): Head/Face/Neck Eye (R / L)
 Chest/Abdomen Arm (R / L) Hand (R / L) Leg (R / L) Foot (R / L)
 Back Other _____
Check specific type of injury: Fracture Foreign Body Bruise Cut/Scrape
 Burn Sprain/Strain Other _____
Was medical treatment required? Yes No Date of treatment _____
Medical Facility (name/address/phone) _____
Describe treatment _____
Will injury cause any missed workdays? Yes No
Last date worked _____

DOCTOR'S STATEMENT REQUIRED FOR ANY MISSED WORK DAYS/RESTRICTIONS

EMPLOYEE ACCOUNT OF ACCIDENT/INJURY


***If incident involved a student, please do not include their personal information including their name in your description. Please refer to them as 'Student'.**

Give a detailed description of what happened: _____

What were you doing just before the incident occurred? _____

In your opinion, why did the incident/injury take place? _____

Name(s) & contact info of witnesses: _____

 **Employee's signature** _____ **Date** _____

ADMINISTRATOR'S APPRAISAL AND INVESTIGATION

Explain what factors led to accident: _____

What actions are being taken to prevent this type of incident from occurring again? _____

Please provide witness statements/photos, if applicable.

Employee has returned to work? Yes No

Date or expected date of return _____

Additional Comments: _____

 **Administrator's signature** _____ **Date** _____