

Employee Accident Report

South Whidbey School District

Complete this form immediately upon employee accident/injury

Employee Name _____ Date of Accident _____ Time _____

Employee Date of Birth _____ Gender _____ Home Address _____

Home Phone _____ _____

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Description of Accident - please be specific. State where, when, how and what part of the body is injured

Were there any witnesses? If so give names: _____

Where did the accident happen? _____

.....
WHAT ACTION WAS TAKEN

First Aid Treatment _____

Sent to Physician _____

Sent or taken to Hospital _____

Notified Supervisor – give name of supervisor _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Send Completed Report to Payroll/Benefits Office