



Staff Accident Report
Pequannock Township School District
Pompton Plains, NJ 07444

Staff Full Name:

School:

Home Address:

Position:

Phone Number:

Date of Birth:

Date and Time of Accident:

Date of Report:

Nature of Injury and Part of the Body:

Description of Accident:

First Aid Treatment: Yes No

First MCO Information Offered: Yes No

If yes, Describe:

Please Describe:

Sent to the Hospital: Yes No

If yes, By:

Hospital:

Location:

Treatment:

Employee Signature: _____

Print name:

Nurse Signature: _____

Print name:

Principal / Supervisor signature: _____

Print name: