

Staff Incident Report

School:				Position:	
Employee Name:				Social Security #	
Home Address: Street		City			
State		Zip		Telephone No.	
Nature of Injury				Date of Birth	
Date of Accident	Time of Accident	Date Accident Reported	Last Day Worked	Has Employee Returned to Work?	Date Returned
Place of Accident:					
Description of Accident (What was employee doing?) (What happened?) (Why?)					
If injured, describe injury (please be specific i.e. right arm, etc.)					
Witness(es)					
Unsafe Act or Unsafe Condition					
Object/Substance Inflicting Injury					
Action Taken to Prevent Similar Accidents					
Investigated By:			Date:		
Employee Signature:			Date:		
Medical Attention Required:					
Where did you receive medical attention?:					