

SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT

INJURY/ ACCIDENT REPORT

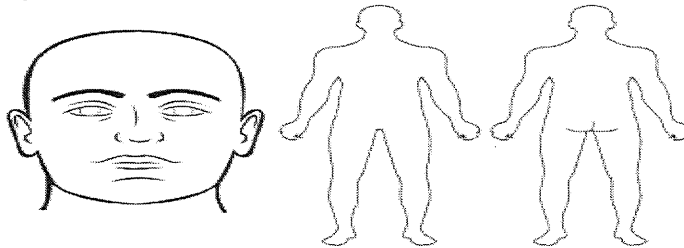
INSTRUCTIONS: This form is for internal use only and should be used for reporting a work-related injury or illness. Call the Risk Management Office at 872-3900, ext 3305 immediately after an accident has been reported. This report should be completed by the Campus Principal or Department Supervisor and by the injured employee and must be submitted within 24 hours. Attach additional sheets as needed.

Name of Injured Employee:	Campus/ Department
_____	_____
Last 4 Digits of Social Security Number:	Title/Occupation:
_____	_____
Address, City, State, Zip Code:	Phone:
_____	_____
Date and Time Of Injury:	Date and Time Reported:
_____	_____
Was Medical Treatment Required?	Was the Employee Absent Due To This Injury?
____ Yes ____ No ____ Unknown	____ Yes ____ No ____ Unknown

TO BE COMPLETED BY INJURED EMPLOYEE

Briefly describe how the injury occurred:

Circle Part of body that was injured



Employee Signature: _____ Date: _____

TO BE COMPLETED BY WITNESS

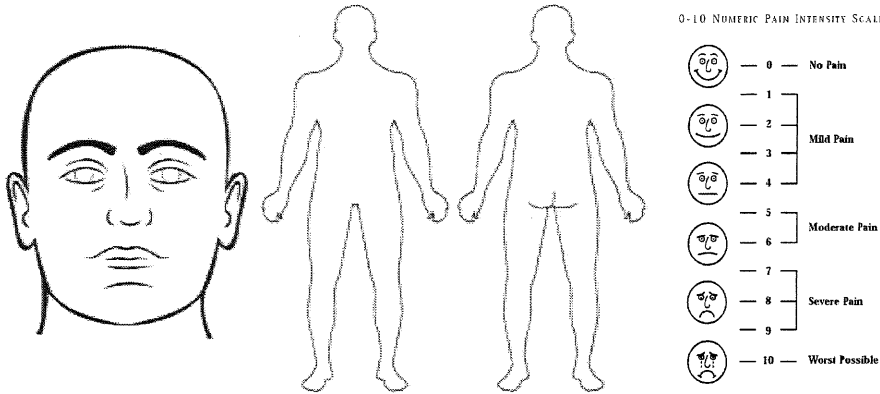
Describe what you observed

Witness Signature: _____ Date: _____

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TO BE COMPLETED BY NURSE

Nurse's Interventions:



Nurse's Signature: _____ Date _____

TO BE COMPLETED BY PRINCIPAL OR DEPARTMENT SUPERVISOR

Briefly describe WHAT the employee was doing at the time of the Injury/Accident?

Briefly describe WHERE the incident occurred. Include any surroundings, environmental, or physical concerns that might have contributed to the injury?

Was the employee violating SEISD safety policies or procedures? ____ Yes ____ No
If yes, describe the non-compliance:

What can be done to prevent similar incidents?

Signature: _____ Date: _____