



# Mapleton Public Schools

## Employee Statement of Injury/Accident

This statement must be **COMPLETED BY THE EMPLOYEE** and submitted to Human Resources at the Administration building **WITHIN 24 HOURS** of injury.

Employee Name:		Employee No.:	
(Print Name of District Employee)			
Date of Injury:	Injury/Accident Occurred at:		
Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	Regular Work Hours:	(Name of School where injury/accident occurred)	
	From: _____ To: _____	Hours Worked Per Day: _____	
Location/Address where injury occurred (Be specific – include location name, room, address, etc.):			
Describe the injury you sustained and all parts of your body that were injured (Be specific, i.e., left ankle sprain, right thumb cut, etc.):			
Describe what caused the accident/injury (Provide as much detail as possible):			
Did you receive safety training prior to this injury? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Do you need additional safety training? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If <b>yes</b> , please tell us the additional safety training you need:			
Have you sustained any other injury prior to the one stated above? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If <b>yes</b> , please describe:			

Who witnessed your injury?	
Name:	Telephone No.:
Name:	Telephone No.:

ADDITIONAL COPY: I understand that I have a right to receive a copy of this statement upon my request.	
Copy requested and received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials: _____

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date