

# WAYNE COUNTY SCHOOL DISTRICT EMPLOYEE ACCIDENT REPORT

Use this form to report any employee injuries, near misses, and any dangerous occurrences that take place on school premises.

## **DETAILS OF THE ACCIDENT:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Describe the injury or incident:

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Were there any witnesses? \_\_\_\_\_ If yes, list their contact information.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## **WAS ANYONE INJURED?**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F (circle)

Address: \_\_\_\_\_

(Complete a separate form for each injured person)

School: \_\_\_\_\_ Phone: \_\_\_\_\_

## **TREATMENT DETAILS:**

- None
- First Aid
- Outpatient Clinic
- Advised to see Family Physician
- Hospital
- Hospital Stay How many nights? \_\_\_\_\_

## **PREVENTATIVE ACTION:**

What action has been taken to prevent a reoccurrence?

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## **FORM COMPLETED BY:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_