

NEW PHILADELPHIA CITY SCHOOLS
EMPLOYEE REPORT OF ACCIDENT OR INJURY

The employee must complete this report as soon as possible following the accident/injury. This report will be provided to the supervisor within 24 hours of the accident/injury.

Name: _____ Date of Injury: _____ Time of Injury: _____ AM PM
 Social Security Number: _____ Date of Birth: _____ Work Phone #: _____ Home Phone #: _____
 () Full Time () Part Time Date Employed: _____ Department: _____ Building: _____
 Home Address : _____
 Shift: () A () B () C Start Time of Work Day: _____ AM PM

Witnesses: *(attached statement for each)*

Name : _____ Title: _____ Phone number: _____
 Name : _____ Title: _____ Phone number: _____
 Name : _____ Title: _____ Phone number: _____

Exact Location Injury Occurred: _____ **Duties Being Performed:** _____

Describe the circumstances causing the injury: _____

Personal Protection Equipment Used:

() Foot Protection () Face/Eye Protection () Fall Protection () Respiratory Protection () Hand Protection () Head Protection
 () Apron/Chaps () Back Belt () Lifting Assistant Device () None () Other: _____

Choose Factor (s) which directly or indirectly caused the accident to occur:

() Struck by flying/thrown item () Caught In/Under/Between Objects () Temperature Extremes () Fall () Struck by object/Person
 () Rubbed or Abraded by Object () Bodily Reaction () Electric Shock () Struck Against Object () Blood/Fluid Exposure
 () Other Disease Exposure () Noise Exposure () Vehicle/Equipment Accident () Toxic Material Exposure
 () Repetitive Motion () Student Caused () Other: _____

Nature of Injury:

() Head () Trunk () Digestive () Eyes R L B () Wrists R L B () Ankles R L B
 () Neck () Abdomen () Respiratory () Shoulder R L B () Finger T I M R P () Foot/Feet R L B
 () Chest () Groin () Circulatory () Arms R L B () Hip R L B () Toes R L B
 () Back () Skin () Hands R L B () Other: _____

Medical Treatment:

() No Treatment () First Aide () Family Doctor () Emergency/Stat Care () Other: _____

Employee Signature : _____ Title _____ Date _____
Supervisor Signature: _____ Title _____ Date _____