

INCIDENT REPORT FOR MONROE TOWNSHIP BOARD OF EDUCATION

Please use this to report all employee accidents and injuries. Forward to (Someone in your district such as the safety coordinator). All incidents requiring medical treatment beyond the school nurse must be forwarded within 48 hours. Please type or print clearly.

Incident Date: _____ Time employee began work _____ Time of Incident: _____

Report Date: _____ Reported by: Phone In person Other : - _____

Name: _____

Address: _____

Phone Number _____ Social Security # _____

Injured Information: Date of birth: _____ Age: _____ Date of Hire: _____

Male: Female: School : _____

What was the employee doing before the incident occurred? _____

Exact Location of incident: _____

Description of incident: _____

What object or substance directly harmed the employee: _____

Description of Injury: _____

Witness: _____

(Name)

(Address)

(Phone #)

Treatment of injury by: School Nurse only Doctor Emergency Room (was the employee hospitalized overnight as a in-patient?) Yes No None

Treatment given on-site : _____

Did the employee stop working due to the injury? Yes ____ No ____

If the employee did stop working, please list the date? _____

If treatment was given away from the worksite, where was it given? Facility: _____

Address: _____

Name of Physician or other health care provider: _____

If the employee died, when did the death occur? ____/____/____

I hereby certify that the foregoing is a true and accurate account of the incident: _____

Employee's Signature

Date

Nurse's Signature Date

Principal/Administrator Date