Employee Accident/Injury Report

Instructions: Employees must report any accident/incident to their immediate supervisor immediately. This form is to be completed, signed, dated, and provided to the employee's immediate supervisor **WITHIN 48 HOURS** following an injury being sustained by an employee. The employee's immediate supervisor must review, sign and date the form. **Supervisor's Signature**: **Review Date**:

Employee Name (First, Middle Initial, Last):

Job Title: Employee ID#: Location#:

Incident Date: Incident Time: Cell#

Reported to your supervisor? - Supervisor's Name:

Date reported to supervisor: Time reported to supervisor:

Employee Home Address:

School/Facility Name:

Location of incident within school/facility (ex. kitchen classroom#, hallway#, outside location description (be specific):

Were you injured: -

Body part(s) injured (be specific):

How did the accident happen (describe your accident in detail):

In your opinion, what was the cause of the accident:

Is there anything that could have prevented this accident:

What safety measures do you think can be taken to prevent an accident this type:

IMPORTANT: Compete the following for accidents involving student interactions dealing with disruptive behavior (breaking bitten, scratched, or shoved by student, picking up/lifting student, assisting student, etc.).

Student Status: - **Grade Level:**

Special Education Setting: - **Is employee trained in TBSI:** -

Is employee currently trained in CPI: -

Employee Signature: Date: