

**TOWN OF WEYMOUTH / WEYMOUTH PUBLIC SCHOOLS
EMPLOYEE INCIDENT REPORT
(MUST BE SUBMITTED TO HR WITHIN 24 HOURS OF INCIDENT)**

1. Employee:		2. Telephone Number:	
3. Address:		4. Department	
5. Social Security Number:		6. Date of Hire:	
7. Hourly Rate:	8. Position:	9. Date of Birth:	
10. Which incident caused injury: A. Digging/Shoveling B. Welding C. Grinding/Buffering D. Operating Air Tools E. Operating Equipment F. Testing Pipe/Boiler G. Loading/Unloading		H. Handling Material I. Cleaning J. Walking/Running K. Hit by another person/object L. Other: _____	
11. Occupation of Injured Employee: A. Administrative B. Custodian C. DPW D. Recreation E. Maintenance		F. Teacher G. Paraprofessional H. Food Services I. Other: _____	
12. How Injury Occurred: A. Fall B. Pulling/Pushing C. Struck by Object D. Slip/Trip E. Striking Against F. Stepping On		G. Caught in/On/Between H. Breathing Fumes I. Electrical Contact J. Temperature Extreme K. Moving/Lifting Object L. Other: _____	
13. Part of Body Injured: A. Eyes B. Ears C. Head/Face D. Neck E. Back F. Shoulders G. Arm H. Hands/Wrist		I. Fingers J. Abdomen K. Chest L. Hips M. Legs N. Ankles O. Foot P. Toes Q. Other: _____	
14. Was Employee taken to the Hospital/Doctor? Yes No			
15. Hospital/Doctor:		16. Telephone Number:	
17. Address of Hospital/Doctor:			
18. Location of Incident:			
19. Was Employee Injured on Employer's Premises: Yes No			
20. Date of Incident:	21. Shift:	22. Time:	
23. Date Incident Reported:			

24. Number of Witnesses:	
25. Witnesses:	
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
26. Detailed Description of Incident:	

27. Equipment, Tools & Materials Involved:	

28. Conditions Leading to or Causing the Incident:	

29. Has Employee returned to work? YES NO	30. If yes, date Employee returned to work:
31. Please list any days the employee was absent from work due to the injury:	
32. Employee's name:	
34. Employee's Signature:	35. Date:
32. Supervisor's name:	33. Supervisor's Title:
34. Supervisor's Signature:	35. Date: