

Currituck County Schools

Employee Report of Injury/Accident Investigation Report

Please complete in its entirety. DO NOT leave any question unanswered! (Print Legibly)

I. General Information

Employee Name _____ Last 4 digits SS# _____

Date of Occurrence _____ Time _____ : _____ AM/PM

Where injury occurred (Location) _____ Arrived at work: _____ AM/PM

When was supervisor notified of this injury (Date) _____

II. Description of Incident (In Full Detail)

How did injury occur? What was employee doing when injured? Objects, tools, equipment used?
Assigned Duties?

III. Description of Injury or Illness

To be completed by injured employee:

Nature of Injury _____ (i.e. strain, sprain, fractured, burn, etc.)

Body part (s) affected _____

Employee Signature: _____ Date: _____

To be completed by the school nurse/first responder:

Did this injury require medical treatment ☐ Yes ☐ No

Type of Treatment _____

Witness Names (use separate sheet for statements, if any): _____

Nurse/First Responder Signature: _____ Date: _____

ACCIDENT INVESTIGATION SECTION (To be completed by Supervisor)

IV. Analysis (check as many as apply)

Accident caused by Unsafe Act? ☐ Unsafe Condition? ☐

Describe: _____

V. Preventive and/or Corrective Action

Steps needed to prevent re-occurrence:

Supervisor's Signature: _____ Date: _____