



# Employee Accident Report Form

A reportable employee/student accident is an incident occurring while said person is under school jurisdiction, resulting in bodily injury and/or results in necessary outside medical attention. This report will be submitted the school district office **no later than one day following report of the injury.**

Employee/Student Name: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Date and time of Accident: \_\_\_\_\_

Describe Accident Fully (what happened and why, identify unsafe conditions and/or actions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What corrective action was taken, or is planned, to prevent similar accidents from occurring in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When was the accident reported? \_\_\_\_\_ To whom: \_\_\_\_\_

Reported within 24 hours of the accident? Yes  No

If not, why? \_\_\_\_\_

\_\_\_\_\_

Was the accident caused by faulty equipment? Yes  No

If yes, preserve evidence and identify: \_\_\_\_\_

\_\_\_\_\_

Was the accident caused by another person not employed by the District? Yes  No

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Describe injury (part of body/type of injury): \_\_\_\_\_

Describe first aid/medical treatment (when and whom): \_\_\_\_\_

Is a previous injury or condition of the employee/student a contributing factor? Yes  No

If yes, please explain: \_\_\_\_\_

Is there a reason to question whether this is a job related injury or illness? Yes  No

*Please attach page for additional comments if needed.*

***Person submitted this report:***

Your name:

Title:

Date:

***Safety Committee Review***

Date Reviewed: \_\_\_\_\_

Signature of Committee Chair member: \_\_\_\_\_

Safety Committee Recommendations/Notes below: