

Quincy School District #144

Employee Accident Report Form -

Instructions: Use the Employee Accident Report Form to record in your files each serious accident coming under the jurisdiction of the school's authority. This form when completed should be filed in the District Office for future reference in case litigation may result from the accident at some future date. Minor accidents such as scratches, bruises, etc. need not necessarily be recorded.

Name: _____ Building: _____

Address: _____

Sex: M F Age: _____ Date of Accident: _____ Hour: _____ AM PM

Place of Accident: (circle one) School Building School Grounds School Bus
District Building Off School Premises but under School Jurisdiction

Table with 2 main columns: Nature of Injury and Part of Body Injured. Includes categories like Abrasion, Dislocation, Abdomen, Eye, Leg, etc.

Degree of Injury: _____

Total number of days lost from work: _____

Person in charge when accident occurred (enter name): _____

Was he/she present at scene of accident: YES NO Title: _____

What was the employee doing when injured: _____

Immediate Action Taken: First-Aid Treatment _____

Sent Home: _____ Sent to Physician: _____ Sent to Hospital (give name): _____

Person Notified: _____ By Whom (enter name): _____

(OVER)

Witnesses:

Name: _____ Address: _____

Name: _____ Address: _____

Location

- | | | |
|--------------------------|-------------------------------|---------------------------------|
| Apparatus: _____ | Fence and walls _____ | School Grounds _____ |
| (Playground) _____ | Field Trip _____ | Shop (name): _____ |
| Athletic Field _____ | Gymnasium _____ | _____ |
| Auditorium _____ | Laboratories _____ | Showers/Dressing rooms _____ |
| Bus Stop _____ | Lockers: _____ | Steps and stairways: _____ |
| Cafeteria _____ | (room and/or corridors) _____ | (inside) _____ |
| Classroom _____ | Playrooms _____ | Steps, stairways & walks: _____ |
| Corridor _____ | Pool _____ | (outside) _____ |
| Driver Education: _____ | School Bus _____ | To and from Bus Stop _____ |
| (behind the wheel) _____ | School Crossing: _____ | Toilet and Washrooms _____ |
| To and from School _____ | (Patrolled) _____ | Other (specify) _____ |
| | | _____ |

Employee Responsibilities:

Keep the District informed of any progress on the accident by calling the District Office weekly 787-4571.

If lost time is covered by Workers Compensation:

You may be assigned light duty work during your recovery period with doctor's permission only. You must bring a doctor's certification of your ability to perform your normal job related duties when returning to work.

Detailed Description of the Accident:

In completing this accident report it is essential that the accident be described in sufficient detail to show conditions existing when the accident occurred. If unsafe acts or conditions are noted, steps will be taken immediately for their correction.

All completed accident report forms should be filed for future reference until it is determined by the School authorities that no civil action may be taken by the employee.

Supervisor's Signature

Employee Signature

Use additional sheets if necessary for the above statement of description.