

**HARRISON COMMUNITY SCHOOLS
ACCIDENT AND INJURY REPORT**

Name of Employee _____
Occupation _____
Building or Department _____

**Submit one (1) copy
to Business Office.**

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL OCCUPATIONAL ACCIDENTS AND INJURIES. BE SPECIFIC.

ACCIDENT:

1. Place of accident: _____
2. Was place of accident on employer's premises? _____ Yes _____ No
3. What was employee doing when injured? (Name any tools, equipment or materials employee was using or handling.) _____

4. How did accident occur? (Describe events which resulted in injury.) _____

INJURY:

1. Describe injury and indicate part of body affected: (ex: laceration of right index finger, etc.) _____

2. Name of object or substance which directly injured employee: _____

OTHER:

1. Date of injury _____ : _____ Time: _____
2. Date injury was reported to your office: _____
3. Did employee return to work the same day? _____ Yes _____ No
4. Did employee lose work days as result of injury? _____ Yes _____ No
5. List any witnesses to accident: _____
6. Describe first aid given on premises: _____

7. Name and address of physician: _____
8. If hospitalized, name and address of hospital: _____

Date of report: _____

Prepared by: _____