

COPLEY-FAIRLAWN CITY SCHOOLS

EMPLOYEE ACCIDENT REPORT

INJURED EMPLOYEE

NAME _____ SOCIAL SECURITY NUMBER _____
HOME ADDRESS _____
HOME PHONE NUMBER _____ DATE OF BIRTH _____
DATE OF HIRE _____ CURRENT SALARY/HOURLY WAGE _____
POSITION _____ BUILDING/DEPARTMENT _____

DESCRIPTION OF ACCIDENT

DID THE ACCIDENT OCCUR ON SCHOOL DISTRICT PROPERTY? YES NO IF NO, PLEASE
INDICATE EXACT LOCATION OF ACCIDENT _____

WHAT WAS THE EMPLOYEE DOING WHEN INJURED? PLEASE BE SPECIFIC. _____

HOW DID THE ACCIDENT OCCUR? _____

PLEASE LIST ANY WITNESSES WHO MAY HAVE SEEN THE ACCIDENT OCCUR.

DESCRIPTION OF INJURY

DESCRIBE THE INJURY IN DETAIL AND INDICATE THE PART(S) OF THE BODY AFFECTED _____

DATE OF INJURY _____ DATE RETURNED TO WORK _____

NAME AND ADDRESS OF PHYSICIAN _____

PHONE _____

DATE OF REPORT _____ PREPARED BY _____

DISTRIBUTION:

WHITE – BUSINESS MANAGER

YELLOW – SUPERVISOR

PINK - EMPLOYEE