

**Coldwater Exempted Village Schools**  
**Employee Accident/Incident Report**

**PART I: EMPLOYEE'S REPORT**

Date of Report \_\_\_\_\_

**DEMOGRAPHICS**

Name _____	Age _____	Sex: MALE FEMALE
Address _____	Social Security Number _____	
Occupation _____	Building in which employee works: Elementary Jr H HS	

**ACCIDENT/ILLNESS REPORT**

Date of Injury _____	Time _____	AM PM (circle one)
Last day Worked _____	Returned to Work _____	
If not yet returned to work, estimated lost time _____		
Date Accident First Reported _____	Time _____	AM PM (circle one)
To whom was the injury <b>first</b> reported? _____		
Description of Injury (be specific – name an objects or substances involved, be specific about area(s) of injury and type of injury if applicable) _____ _____ _____		
Part(s) of body injured _____		
Was any <u>medical</u> or <u>emergency</u> treatment necessary? NO YES: Name of physician/hospital _____		
Is this an aggravation of a previous injury? NO YES Have you ever had a similar injury? NO YES		
Witness(es) _____		
Employee Signature _____	Date _____	
Printed Name _____		

End of Employee Report

TURN TO BACK FOR MORE INFORMATION

**PART II: MANAGEMENT'S REPORT**

Building in which employee works:    ELEMENTARY                      JR HIGH                      HIGH SCHOOL

Description of incident/injury if different from employee's description above: \_\_\_\_\_

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

Where did the injury occur? (description of area) \_\_\_\_\_

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

Accident Site Inspected by \_\_\_\_\_

First Aid Given \_\_\_\_\_

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

What were the circumstances leading up to the injury?	Was horseplay involved	NO	YES
	Was injury self-inflicted	NO	YES
	Was injury due to a disability?	NO	YES

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

\*Management signature does not constitute certification of an industrial claim

Reviewed by Health/Safety Committee on \_\_\_\_\_  
(date)

Comments/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures of Committee Members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O.S.H.A. CASE NUMBER \_\_\_\_\_

Distribution: ORIGINAL—Nurse

COPY—Placed in Employee's file

COPY—To treasurer