EMPLOYEE INJURY REPORT FORM
SCHOOL DISTRICT OF PHILLIPS

In the event of a student accident, however slight, on school premises, during school activity, or in school vehicle to and from school, the principal or supervisor will make a report on this form.

Last Name	**First Name** **Middle Init.**	**Position in District**	
Address		**Phone Number**	**Date of Birth**
School/Building	**Date of Accident** Mo._____ Day_____ Year _____	**Time of Accident** **_____AM _____PM**	**Reported to Supervisor** ____Yes ____ No Date _____ Time _____
Sent to Clinic/Physician? **If Yes:** ____Yes ___ No Name _____		**Went to Hospital** **If Yes:** _____ Yes _____ No Name _____ By	

Anatomical Location	**Cause of Injury**	**Apparent Nature of Injury**	**Location: Inside**	**Location: Outside**
___Abdomen ___Ankle R__L__ ___Arm R__L__ ___Back ___Chest ___Collarbone ___Ear R__L__ ___Eye R__L__ ___Face ___Finger _____ ___Foot R__L__ ___Hand R__L__ ___Head ___Knee R__L__ ___Leg R__L__ ___Ligament ___Mouth ___Muscle ___Neck ___Nose ___Ribs R__L__ ___Shoulder R__L__ ___Tooth ___Thumb R__L__ ___Other _____	___Animal ___Chemical ___Collision ___Cutting Objects ___Door ___Drugs ___Electrical ___Explosion ___Fall/Slip ___Falling Object ___Fight/Assault ___Fire ___Foreign Object ___Hot Liquid ___Kick ___Knife ___Lifting ___Pencil/Pen ___Poison ___Running/Jumping ___Thrown Objects ___Other _____	___Abrasion ___Bite ___Bruise/Bump ___Burn ___Chip ___Concussion ___Cut ___Dislocation ___Drowning ___Fracture ___Laceration ___Poisoning ___Pulled ___Puncture ___Scratch ___Shock ___Sprain/Strain ___Wound ___Other _____	___Auditorium ___Boiler Room ___Cafeteria ___Classroom ___Entrance/Exit ___Garage ___Gym ___Hallway ___Home Ec Lab ___Kitchen ___IMC ___Locker Room ___Maintenance Room ___Office ___Pool ___Restroom ___Science Lab ___Shower Room ___Stair Landing ___Steps ___Tech Ed Lab ___Storeroom ___Other_____	___Athletic Field ___Auto-Bicycle ___Auto-Pedestrian ___Blacktop ___Field Trip ___Golf Course ___Ice Rink ___Parking Lot ___Playground ___School Bus ___School Forest ___Sidewalk ___Other _____

Witness: (Name) 1. _____ Witness: (Name) 2. _____	**Lost Time** Time off work (Hrs/Days)

Give detailed accident description: (What was employee doing? How did accident happen? Action taken?) Be specific about serious injuries when medical attention is required. For further reference: (Example) Type of first aid administered if any. How could this type of injury be prevented in the future? Add additional sheet if necessary.

Date	**Supervisor Preparing Report**	**Supervisor Signature**
Date	**Employee Name**	**Employee Signature**

Copies to: District Office Supervisor Employee