Ironton City Schools

Employee Accident Report Form

COMPLETE WITHIN 12 HOURS OF ACCIDENT OR ONSET OF SYMPTOMS

Sections 1 through 4 to be completed by injured employee
Section 5 to be completed by employee supervisor

Section 1 – Type of Occurrence

❒ Injury or Illness ❒ Near Miss ❒ Facility Damage

Section 2 - Employee information

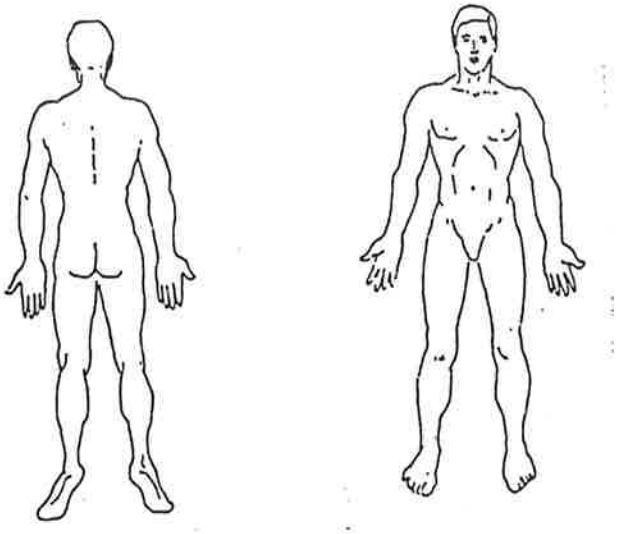
Employee name		Home phone number ( )
Job Title	Department	Shift

Social security number	Date of birth	Sex ❒ Male ❒ Female	Date of hire

Section 3 - Medical Treatment

Medical Facility / Physician		Phone number ( )
Address	Treated in Emergency Room? ❒ Yes ❒ No	Fatality? ❒ Yes ❒ No

Section 4 - Occurrence information



Type of Injury (circle)

1. Strain/Sprain
2. Pain/Soreness
3. Laceration
4. Bruise
5. Pulled Muscle
6. Scratch/Abrasion
7. Burn
8. Swelling
9. Bite
10. Irritation
11. None apparent
12. Fracture
13. Other _____

Circle on the diagram location of injury

_____
Employee Signature

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Describe how the accident occurred (what happened before, during and after the accident)	Date and Time of Accident ❒ AM ❒ PM
	Time Shift Began ❒ AM ❒ PM
	Date and Time Reported ❒ AM ❒ PM
	Have you ever injured this part of your body before ❒ Yes ❒ No

Were you performing a regular job task when the accident occurred ❒ Yes ❒ No	Have you been trained to perform the this job ❒ Yes ❒ No
Location of accident	Equipment involved
Who else was involved in the accident	
Who saw or helped you when the accident occurred	
How could this accident be prevented in the future	
Employee Signature	Date

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Section 5 – Supervisor Analysis

❒ Employee portion of form completed	❒ Employee indicated body part injured and signed at bottom of picture
❒ Witness statements attached	❒ Interviewed witnesses and / or reviewed statements
❒ If equipment was involved, reviewed equipment maintenance records	❒ Maintenance has been notified of equipment problems (i.e. missing guards, faulty operation, etc)
❒ When was employee last trained related to procedure or equipment related to this accident	❒ Work restrictions received
❒ Photographs attached	❒
ACCIDENT CAUSAL FACTORS	**CORRECTIVE ACTIONS**
❒	❒
❒	❒
❒	❒
❒	❒
❒	❒
❒	❒
❒	❒
❒	❒

ROUTING (SIGNATURES)

1) Employee Supervisor	Date
2) Human Resources / Safety Manager	Date
3) Plant Manager / CEO	Date