

Employee Accident Report

To be completed by injured employee (with or without the support of a secretary)
****Employees must notify their direct supervisor, principal and the Risk Manager in a timely manner. ****

Employee's Name:	Occupation:
Date & Time of Injury:	Supervisor:
Time Work Began:	Witness:

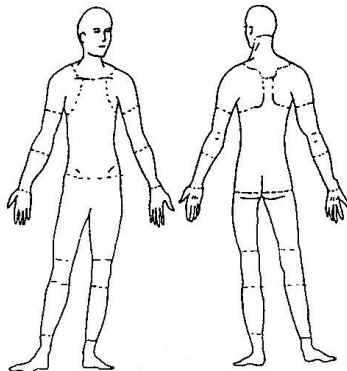
List individuals involved if there were others (including students):

Was the accident due to student restraint?

Accident Location (School & Room):

SPED? Yes _____ / No _____

Please explain how accident occurred in the space provided below:

<p>Describe affected body parts in the space provided:</p> <div style="text-align: center;">  </div>	<p>Employee's recommendations to prevent this from happening again in the future:</p> <hr/> <hr/> <hr/> <hr/>
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I want to see a doctor at this time: Yes _____ / No _____

Employee's Signature:	Date:
Supervisor's Signature:	Date:
Risk Manager's Signature:	Date: