



# STAFF ACCIDENT REPORT

Complete form within 24 hours of injury; school nurse or designated MAT staff on site must review and sign form prior to submittal to the Human Resources Manager. Notice should be submitted by the end of the work day whenever possible.

## PERSONAL INFORMATION

Print Employee Name (Last, First, MI):	Today's Date:
Home Address (Street, City, Zip):	Birth Date:
Home Phone Number:	Hire Date (if known):
Job Title:	

## INJURY / ACCIDENT INFORMATION

Date of Injury:	Time of Injury:
Witnesses:	
What was the employee doing just before the incident occurred? Description of Incident. Be Specific.	
What happened? How did the injury occur?	
What was the injury? What body part was affected and how was it affected. Be specific.	
What object or substance directly harmed the employee?	
Describe any first aid given at the time of injury? Example: wash with soap and water.	

## RN/MAT staff acknowledgement of injury and treatment:

RN/MAT Signature:	Date:
<b>Office use only:</b> Additional treatment/follow-up needed: <input type="checkbox"/> No follow-up required <input type="checkbox"/> ERC <input type="checkbox"/> URC <input type="checkbox"/> PCP <input type="checkbox"/> SPEC Billing: <input type="checkbox"/> N/A <input type="checkbox"/> FA <input type="checkbox"/> WC Date forwarded to Accounting for payment: _____ Reviewed by: HR Manager _____ Education Operations Director _____ Executive Director _____	