

EMPLOYEE ACCIDENT REPORT FORM

Morning Sun Community School District, 311 E Division St., Morning Sun, IA 52640 | Phone: 319-868-7701 | Fax: 319-868-7703

Individual Affected

Name: _____ Date of Incident: _____
Date of Birth: _____ Job Title: _____ Time of Incident: _____ AM
 PM
Home Address: _____ Home Phone: _____
City, State, Zip: _____ Cell Phone: _____

Witness Details

Name: _____ Cell Phone: _____
Name: _____ Cell Phone: _____

Incident Details

Accident Ill Health Incident Near Miss Safety Violence

Description of the Incident (Describe task being performed and sequence of events. Attach additional information as necessary.)

Injury/Accident Information (What parts of your body were injured? If near miss, how could you have been hurt?)

Action Taken (check all that apply)

First aid administered Sent/Taken home Referred to physician
 Remained or returned to work Checked by Paramedics/ EMTs Referred to emergency care facility or hospital

Other, explain:

Outcome Description (Detail all harm/health effects/damage.)

Corrective Measures (Describe corrective measures taken to address immediate hazards related to the incident.)

Additional Notes

Signatures

Signature of Staff Member Completing Form

Date

Time

Principal's Signature

Date

Time