



PARAGOULD SCHOOL DISTRICT
EMPLOYEE ACCIDENT REPORT FORM

DATE _____

NAME _____

TYPE OF
ACCIDENT _____

NATURE AND
LOCATION OF INJURY _____

WHERE DID ACCIDENT OCCUR _____

WHO WITNESSED THE ACCIDENT _____

SIGNATURE OF EMPLOYEE _____

SUPERVISOR'S SIGNATURE _____

PLEASE NOTE: THIS FORM DOES NOT REPLACE ANY WORKERS
COMPENSATION FORMS. IF YOUR ACCIDENT REQUIRES DOCTOR OR
HOSPITAL VISIT AND WAS WORK RELATED, YOU MUST FILL OUT THIS
FORM **AND** WORKERS COMPENSATION FORMS.