

Heard County School System

Standard Employee Accident Report Form

Name: _____

Sex: Male Female Age _____

Time Accident Occurred: _____ A.M. P.M. Date: _____

Place of Accident: School Building School Grounds
 To or from School Home Elsewhere

Nature of Injury

Abrasion	<input type="checkbox"/>	Fracture	<input type="checkbox"/>
Amputation	<input type="checkbox"/>	Laceration	<input type="checkbox"/>
Asphyxiation	<input type="checkbox"/>	Poisoning	<input type="checkbox"/>
Bite	<input type="checkbox"/>	Puncture	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	Scalds	<input type="checkbox"/>
Burn	<input type="checkbox"/>	Scratches	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	Shock(El.)	<input type="checkbox"/>
Cut	<input type="checkbox"/>	Sprain	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>		

Part of Body Injured

Abdomen	<input type="checkbox"/>	Foot	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	Hand	<input type="checkbox"/>
Arm	<input type="checkbox"/>	Head	<input type="checkbox"/>
Back	<input type="checkbox"/>	Knee	<input type="checkbox"/>
Chest	<input type="checkbox"/>	Leg	<input type="checkbox"/>
Ear	<input type="checkbox"/>	Mouth	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	Nose	<input type="checkbox"/>
Eye	<input type="checkbox"/>	Scalp	<input type="checkbox"/>
Face	<input type="checkbox"/>	Tooth	<input type="checkbox"/>
Finger	<input type="checkbox"/>	Wrist	<input type="checkbox"/>

Other (Specify)

Other (Specify)

Description of the Accident:

How did the accident happen? What was the employee doing? Where was employee? List specifically unsafe conditions existing. Specifically any tool, machine or equipment involved.

Action taken by school authorities:

First Aid Sent to the Hospital
 Sent Home Called the School Nurse

Signature of Teacher: _____

Date: _____

Signature of Administrator: _____

Date: _____