

Abingdon-Avon CUSD #276
Injury/Accident Report Form
Information for ALL Injuries

Today's Date: _____

Employee: _____ Student: _____ Visitor: _____ Vendor: _____

Injured Party Name: _____

Injured Party's Address: _____

Date of Injury: _____ Time of Injury: _____ AM PM

Location of the Incident: _____

(If injured is an employee, a Form 45 must also be completed.)

Cause of Injury

Bodily Reaction _____ Lifting _____
Caught In _____ Overexertion _____
Chemical Contact _____ Rep Motion _____
Exposure _____ Fall (Elevation) _____
Struck by _____ Slip/Trip/Fall _____
Struck on _____ Heat Contact _____
Other _____

Type of Injury

Bee Sting _____ Fracture _____
Bite _____ Hernia _____
Burn (Chem.) _____ Laceration _____
Burn (Heat) _____ Multiple _____
Chemical _____ Occ. Illness _____
Contusion _____ Puncture _____
Crush _____ Rash _____
Trauma _____ Sprain (Ligament) _____
Death _____ Strain (Muscle) _____
Foreign Objects _____ Stress _____
Other: _____

Description of Injury:

What was the Injured Party Doing?

List any unsafe acts or conditions:

Part of Body

Arm _____ Back _____ Eye _____ Foot _____ Ankle _____ Mental _____ Torso _____
Groin _____ Head/Face _____ Internal _____ Knee _____ Leg _____ Respiratory _____ Wrist/Hand _____

Immediate Action Taken

First-aid treatment given _____ By (Name): _____

Sent to Occupation Health or Hospital ER _____ By (Name): _____

Witnesses

1. Name _____ Address: _____
2. Name _____ Address: _____

What suggestions do you have for preventing other accidents of this type?

Any additional comments related to this injury?

Manager's Signature: _____ Date: _____

Manager's Name Printed: _____

Employee's Signature: _____ Date: _____

***Report should be completed immediately following an injury and given to the Superintendent's office.**