

## EMPLOYEE ACCIDENT REPORT

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Shift Start Time: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

A.M. \_\_\_\_\_ or P.M. \_\_\_\_\_

Supervisor: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Describe the Nature of the Injury: \_\_\_\_\_

\_\_\_\_\_

Describe Exactly What Happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Any Witnesses: \_\_\_\_\_

\_\_\_\_\_

To Whom Did You Report the Accident/Injury? \_\_\_\_\_

What did you tell your Supervisor? \_\_\_\_\_

\_\_\_\_\_

What did your Supervisor Do? \_\_\_\_\_

If reported, by whom: \_\_\_\_\_ Date: \_\_\_\_\_

Planned prevention by Principal: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Planned prevention by CSHP Director: \_\_\_\_\_

CSHP Dir. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Director of Schools \_\_\_\_\_ (Date) \_\_\_\_\_

Treatment by Nurse/Other: \_\_\_\_\_

Nurse/Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions for Nurses:**

1. The employee will complete the front of this form when injured.
2. The nurse will complete the back of this form when the employee is injured.
2. **MUST BE FILED ON-LINE.** School nurse will file this report on-line within 24 hours of accident, if planning to see medical provider.
3. If planning to see medical provider, all other required Worker's Compensation forms must be completed by the nurse and injured employee.  
(SAF 14)
4. Employee must complete Employee's Choice of Physician Form at time of injury, whether going to medical provider or not to avoid **A \$5,000 penalty, for failing to provide a panel within 24 hours of time of injury.**
5. School nurse forwards all original paperwork to the Director of Nursing, while maintaining a copy of same in her office, IF employee goes to the doctor. IF employee does not go to the doctor, Do step 6 below and keep original in files.
6. COPY, ONLY, of this Employee Accident Report is sent to the Director of Coordinated School Health at the time the accident occurs.
7. First appointment for care **MUST** be made by the school person overseeing the reporting of the injury.

**SUMMER MONTHS (COACHES):**

1. **Coaches** are responsible for completing this form on any of their **EMPLOYEES** who may be injured during athletics. If this is relegated to a trainer, **THE COACH IS RESPONSIBLE TO ENSURE IT IS DONE** per the Director of Schools.
2. If planning to go to provider now, injury must be filed ON-LINE WITH an Employee's Choice of Physician form (Atch 5) completed within 24 hours of this injury, to avoid a \$5,000.00 penalty. Employee cannot see any other medical practices, besides those offered on "Choice" form, other than injuries requiring care in an Emergency Room setting.
3. If employee is not going to a doctor now, the ON-LINE reporting is not required. **DO COMPLETE** an Employee's Choice of Physician Form (Atch 5), though, to avoid a \$5,000.00 penalty, for failing to provide a panel within 24 hours of time of injury.
4. If employee is not going to doctor for now, check the "No Treatment Requested At This Time" box on Choice of Physician form (Atch 5).
5. All other forms in Worker's Comp packets (Atchs 2, 3, 4, 6, 7, 8 & 9) must be completed by coaches and signed by injured employee.
6. Send ORIGINAL copies of all Worker's Comp forms, to include this Employee Accident Report, Choice of Physician and a copy of the on-line report if required, to the Director of Nursing within 24 hours of injury, while holding a copy of same for turn in to the school nurse when school resumes.
7. First appointment for care must be made by school person overseeing the reporting of the injury.

