

**REGIONAL SCHOOL UNIT #78  
STAFF ACCIDENT REPORT**

Employee Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Time employee began work: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Date/time injury was \_\_\_\_\_ Was first aid administered by school nurse: \_\_\_\_\_  
Reported to Supt's Office: \_\_\_\_\_

Type of Injury (burn, cut, etc.) \_\_\_\_\_ Injured body part: \_\_\_\_\_  
(back, right eye, left foot, etc.)

Who witnessed accident: \_\_\_\_\_

Health care provider name,  
address and telephone  
number: \_\_\_\_\_

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Specify activity you were engaged in when the event occurred:

\_\_\_\_\_

\_\_\_\_\_

How injury or illness occurred. Describe the sequence of events and include any objects or substances that directly injured or made you ill:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify any unsafe act or condition that caused the accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employee: \_\_\_\_\_

NOTE: Employees must file a Worker's Compensation report ASAP following a work-related accident. This form must be hand delivered to the Superintendent's office the same day that the accident is reported to the nurse's office.