

EMPLOYEE ACCIDENT REPORT FORM

This form is to be filled out as completely as possible immediately following the occurrence of any injury to an **employee** of the District that is severe enough to: (a) cause the loss of any work time; (b) warrant medical attention and treatment (i.e. School Nurse, M.D., E.R., etc.); and/or (c) require reporting according to School District policy. Any missing information should be added as soon as possible and a copy of this report forwarded to Central Office.

1. Employee Name: _____ 2. Position _____
3. School Name: _____ 4. () Male () Female
5. Date of accident/injury ____/____/____
mo day yr
6. Time of accident/injury _____ () a.m. () p.m.
- *7. Unprotected exposure to body fluids () Yes () No * *Body fluids: blood, feces, urine, and/or saliva. If yes, file Form GBN-E1 Exposure Incident Report with the School Nurse.*

8. **ACTION TAKEN:** (If any action was taken after the incident, please CHECK AND COMPLETE ALL THAT APPLY.)

<u>BY SCHOOL</u>	<u>TIME</u>	<u>TITLE CODE</u>	<u>BY WHOM</u>
A. () First Aid administered.	_____ () a.m. () p.m.	_____	Specify name: _____
B. () Family member notified.	_____ () a.m. () p.m.	_____	Specify name: _____
C. () Unable to contact family member.	_____ () a.m. () p.m.	_____	
D. () Remained or returned to work.	_____ () a.m. () p.m.	_____	
E. () Sent home _____ Taken home _____			
F. () Checked by School Nurse.			
G. () Checked by Paramedic/EMT.			
H. () Taken to physician or health care provider. Diagnosis: _____			
I. () Taken to emergency care facility or hospital. Diagnosis: _____			
J. () Other- Specify _____			

BY EMPLOYEE

- K. () Employee deemed no medical action necessary.
- L. () Went to physician or health care provider. Diagnosis: _____
- M. () Went to emergency care facility or hospital. Diagnosis: _____
- N. () Hospitalized. Specify length: _____
- O. () Restricted work activity. Specify length: _____

Enter One Code

Specify, if other

9. **AREA AFFECTED:** List area(s) that appear to be injured. _____
10. **CONTRIBUTING FACTOR:** factor which may have led to injury. _____
11. **PERIOD:** List period during which injury occurred. _____
12. **SURFACE:** List surface on which injury occurred. _____
13. **LOCATION:** List location at which injury occurred. _____
14. **ACTIVITY:** List activity during which injury occurred. _____
15. **EQUIPMENT:** Was equipment or apparatus involved in accident? () Yes () No Specify: _____
16. **DESCRIPTION:** Describe specifically how the accident/injury happened and what first aid was rendered. Please provide the source of all information.

17. _____ Title Code _____
Signature of person making report

18. Received by _____ (Administrator/Principal) this _____ day of _____, 20 ____ .
(revised 8/07) **Reviewed: 6/20/2016**

8. TITLE CODES

- | | | | |
|------------------------|------------------|------------------------|-----------|
| 1. Aide-Office/Teacher | 5. Counselor | 9. School Nurse | 13. Other |
| 2. Bus Driver | 6. Custodian | 10. Secretary | |
| 3. Coach | 7. Paramedic/EMT | 11. Substitute Teacher | |
| 4. Cook | 8. Principal | 12. Teacher | |

9. AREA AFFECTED CODES:

- | HEAD | | TRUNK
EXTREMITIES | | | |
|-----------------|----------------|----------------------|----------------|------------------|----------------|
| 1. Chin/Cheek | 7. Nose | 10. Stomach | 15. Genitalia | 19. Ankle | 24. Hand/Wrist |
| 2. Ear | 8. Scalp/Skull | 11. Back | 16. Internal | 20. Arm | 25. Knee |
| 3. Eye | 9. Tooth/Teeth | 12. Buttocks | 17. Pelvis/Hip | 21. Elbow | 26. Leg |
| 4. Forehead | | 13. Chest/Ribs | 18. Shoulder | 22. Finger/Thumb | 27. Toe |
| 5. Mouth/Tongue | | 14. Collarbone | | 23. Foot | |
| 6. Neck/Throat | | | | | |

10. CONTRIBUTING FACTOR CODES:

- | | | |
|---|--|--------------------------|
| 1. Animal bite(dog bite, etc.) | 7. Contact with hot liquid or object | 13. Human bite |
| 2. Chemical contact or inhalation | 8. Drug or other substance consumption | 14. Insect bite/sting |
| 3. Collision with object or person | 9. Fall | 15. Overexertion/Twisted |
| 4. Compression/Pinch | 10. Fighting/Roughhousing | 16. Seizure disorder |
| 5. Contact with equipment (shop, home ec, etc.) | 11. Foreign body | 17. Tripped/Slipped |
| 6. Contact with fire or flame | 12. Hit with thrown object | 18. Unknown |
| | | 19. Other |

11. PERIOD CODES:

- | | | |
|------------------------------|----------------------------|----------------|
| 1. After school | 6. Lunch | 11. P.E. class |
| 2. Assembly | 7. Lunch recess | 12. Recess |
| 3. Before school | 8. Interschool competition | 13. Evening |
| 4. Class change | 9. Intraschool competition | 14. Other |
| 5. Class time (excluding PE) | 10. Field Trip | |

12. SURFACE CODES:

- | | | |
|--------------|---|--------------------|
| 1. Black top | 7. Lawn/Grass | 12. Wood (waxed) |
| 2. Carpet | 8. Mats | 13. Non-applicable |
| 3. Concrete | 9. Sand | 14. Other |
| 4. Dirt | 10. Synthetic surface (i.e. Tartan surface) | |
| 5. Gravel | 11. Tile | |
| 6. Ice/Snow | | |

13. LOCATION CODES:

- | | | | |
|------------------------------|------------------------|---------------------------|--------------------------|
| 1. Athletic field | 6. Doorway | 12. Portable Classroom | 17. Sidewalk/Steps/Ramp |
| 2. Multipurpose | 7. Gymnasium | 13. School bus/public bus | 18. Parking lot/Driveway |
| 3. Bus loading area | 8. Lab-Home Ec./Sci | 14. Shop-Ind Arts, Vo-ag | 19. Street/Highway/Road |
| 4. Classroom | 9. Lunchroom | 15. Shower/dressing room | 20. Swimming Pool |
| 5. Corridor (exclud. stairs) | 10. Stairs/Ramp | 16. Washroom/Lavatory | 21. Other |
| | 11. Playground/grounds | | |

14. ACTIVITY CODES:

- | | | | |
|--------------------------|----------------------------|---------------------------|-------------------------|
| 1. Baseball/Softball | 9. Football | 18. Gymnastics / Tumbling | 26. Operating Equipment |
| 2. Basketball | 10. Lifting | 19. Shoveling | 27. Cooking |
| 3. Bicycling | 11. Jumping | 20. Sitting | 28. Track and field |
| 4. Classroom activity | 12. Kick ball | 21. Lab/Shop activity | 29. Volleyball |
| 5. Climbing | 13. Carrying | 22. Loading | 30. Walking |
| 6. Dancing | 14. Soccer | 23. Standing | 31. Weight training |
| 7. Dodge ball / War ball | 15. Riding | 24. Swimming | 32. Wrestling |
| 8. Cleaning | 16. Running | 25. Flag-Touch football | 33. Other |
| | 17. Setting up/Taking down | | |