WHCSD ACCIDENT REPORT FORM

- - -To report an accident or injury involving any Employee, Student or Non-Employee - - -

PERSONAL INFORMATION (Complete all that are applicable in INK)

☐ Employee
☐ Non-Employee ☐ Student - Grade _____ Date of this Report: _____

Name (Print): _____ Date of Birth: _____ Gender: ☐ Female ☐ Male

Home Address: _____ City: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____ Alt. Phone: _____

Job Title: _____ Building: _____

ACCIDENT INFORMATION (Complete all that are applicable in INK)

Accident Date: _____ Time: _____ am ☐ pm ☐ Time Shift Began: _____ ☐ am ☐ pm

Location of Accident (Be specific):

Regular Work Hours	
From _____ ☐ am ☐ pm	To _____ ☐ am ☐ pm

What was being done before the accident occurred? (Attach separate sheet if necessary)

What happened? (Attach separate sheet if necessary)

Was this part of normal routine? YES ☐ NO ☐ Body part(s) affected or injured: _____

Type of injury or illness: _____ What object or substance directly harmed you? _____

Witnesses (Name & Phone):

Report prepared by (if different from the injured person): _____ Phone: _____

If you have been exposed to human blood or body fluids other than your own, refer to WHCSD Blood and Body Fluid Exposure protocol and/or contact the Business Office at 216-295-7715 for instruction

INJURED PERSON SIGNATURE: _____ DATE: _____

SUPERVISOR / PERSON-IN-CHARGE

This accident was reported to me on: Date: _____ Time: _____ am ☐ pm ☐

Is further research required? YES ☐ NO ☐ Supervisor/Person-in-Charge Signature: _____

PRINT Name: _____

HEALTH CARE PROVIDER

Treated by School Nurse? YES ☐ NO ☐ If No, treated by? _____ Location: _____

Diagnosis, assessment or first aid: _____

Is this a re-aggravation of previous injury? Yes ☐ No ☐ Date of initial injury: _____ Lost time or restricted Duties? Yes ☐ No ☐

Original sent to: Business Office ☐ Copies sent to: Principal ☐ PIC ☐ Supervisor ☐ Injured Person ☐

ATTENTION: This form contains information regarding health issues and will be used in a manner that protects the privacy of injured parties to the extent possible while the information is being used for occupational safety and health purposes. All questions are to be directed to the Business Office.