



Name of Employee _____

Accident Date _____ Time _____ Place _____

Description of Injury:

Describe accident in detail including what the injured person was doing at the time:

Where did the injury occur? (Specify location, including location of injured and any witnesses.)

Draw a diagram to locate persons/objects. If you want to draw a diagram, you will need to print the report first.

Name(s) of witnesses:

1.	2.
3.	4.

Was the injured participating in an activity at the time of the injury? Yes No

If so, what? _____

Any equipment involved in the accident? Yes No

If so, specify equipment _____

What first aid or medical attention was given to the student at the site of the accident?

Administered by _____

Report Submitted by _____ Date _____

Complete this side and give to the nurse.