

Supervisor Report of Employee Accident
Yadkin County Schools

Injured Employee _____

Employee's Job Title _____

Date and Time of Accident _____

Employee's School or Work Site _____

Location of Accident (If different from the above) _____

Specific Location of the accident _____

Person at School Investigating Accident _____

Extent of injury _____

Nature of the accident _____

Did Injured Require Medical Treatment? _____ Yes _____ No

Type of Medical Treatment Administered _____

If outside medical treatment received, name, address and telephone number of the provider:

Name _____ Phone# _____

Address _____

Description of how the accident occurred: _____

Were others injured: _____ Yes _____ No

Name of any witnesses: _____

The principal/supervisor or his/her designee must investigate **ALL** employee accidents or injuries as soon as they are reported. Complete this report, retain a copy for the school/site and send a copy of this and the Employee Statement to Marea Sanos at Yadkin County Schools Administrative Office. The safety director and the superintendent must be notified any time that an employee has an accident. The safety director will investigate each of these accidents as well.

Signature of Person Completing Report

Date