

# Sarcoxie R-II School District

## Employee Accident Report

*(Original copy to the Superintendent's office and a copy goes to the Nurse and one in the student's permanent record.)*

Date of Report: \_\_\_\_\_ School: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's Phone: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Accident Description:

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Injury Description:

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First Aid Administered:

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First Aid Administered by whom: \_\_\_\_\_

Was employee following OSHA rules or regulations at the time of the accident? Yes \_\_\_\_\_

No \_\_\_\_\_

District personnel present at the time of the accident:

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Did employee returned to work or? Yes \_\_\_\_\_ No \_\_\_\_\_

Report submitted by: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_