

# Natchitoches Parish School Board

## EMPLOYEE ACCIDENT REPORT FORM

EMPLOYEE'S NAME First Middle Last SOCIAL SECURITY NO.

EMPLOYEE'S ADDRESS ZIP PHONE NO

**MARITAL STATUS**

MARRIED SEPARATED

SINGLE WIDOWED

DIVORCED

**SEX**

MALE

FEMALE

**RACE**

WHITE

BLACK

AMER. INDIAN

ASIAN

OTHER

NO. OF CHILDREN UNDER AGE 18

DATE OF BIRTH

CURRENT AGE

OCCUPATION

DATE OF HIRE

DATE OF ACCIDENT

SITE OF ACCIDENT

DID ACCIDENT OCCUR ON EMPLOYER'S PREMISES?

YES

NO

IF NO, GIVE EXACT LOCATION OF ACCIDENT

TIME OF ACCIDENT A.M.  
P.M.

NORMAL STARTING TIME DAY OF ACCIDENT

A.M.  
P.M.

DID EMPLOYEE MISS DAYS OF WORK DUE TO INJURY/DISEASE?

YES

NO

LIST DATES MISSED

DATE RETURNED TO WORK

WHAT WAS EMPLOYEE DOING WHEN INJURED? (Be specific. If using tools, equipment, or handling material, name them and tell what he was doing with them.) HOW DID INJURY OCCUR? (Describe what happened that led to the injury or disease.)

NATURE OR LOCATION OF INJURY/DISEASE (Describe fully—include exact body parts affected.)

NAME & ADDRESS OF ATTENDING PHYSICIAN (If hospital involved, please indicate by name.)

ROOT CAUSE(S) OF ACCIDENT

PREVENTION STRATEGIES

ACCOUNTABLE PERSON(S)

TARGET DATE

COMPLETION DATE

SIGNATURE OF PRINCIPAL/SUPERVISOR \_\_\_\_\_

DATE

**NOTE: THIS FORM MUST BE COMPLETED IMMEDIATELY FOLLOWING THE ACCIDENT. AFTER BEING SIGNED AND DATED BY THE INJURED EMPLOYEE'S PRINCIPAL OR SUPERVISOR, THE ORIGINAL (NOT A COPY) IS TO BE SENT TO MICHAEL MILNER AT THE CENTRAL OFFICE AS SOON AS POSSIBLE.**