EMPLOYEE’S INCIDENT REPORT

INCIDENT DATA
(Please Print)

Date of incident: _____/_____/_____  Date requested medical attention: _____/_____/_____
Time of Incident: _______ am/pm (circle)  Where did it happen? _______________________________________

What equipment or chemicals were you using when this happened? _______________________________________
What work process were you performing? (i.e., food service, custodial, teacher, teacher aide, transportation, maintenance, etc.) _______________________________________

What were you doing specifically when the injury/illness occurred? (i.e., lifting, walking, running, driving, etc.) _______________________________________

Did you receive training on how to properly perform the work you were doing?  Yes_______ No_______
Did you receive training on how to avoid injuries while performing this work?  Yes_______ No_______
Who conducted this training?_______________________________  When?_______________________________

Describe in detail the sequence of events and include objects, equipment or people that directly caused your injury:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Did you report this injury/illness to your Supervisor?  o Yes  o No  If yes, date: __________

If no, why not? __________________________________________________________

Give name(s) of witness(es) to your injury/illness: ______________________________________________________

Could this injury have been prevented?  How?
_____________________________________________________________________________________________

What part(s) of your body were hurt?
(Mark the appropriate blank or write in R for Right, L for Left when applicable.)

Head:  ___Face   ___Skull   ___Neck   ___Mouth   ___Nose   ___Eye   ___Ear
Trunk:  ___Chest   ___Shoulder   ___Upper back   ___Lower back   ___Abdomen   ___Hip
Arm:  ___Upper   ___Elbow   ___Wrist   ___Hand   ___Palm   ___Finger
Leg:  ___Foot   ___Knee   ___Thigh   ___Ankle   ___Calf   ___Toe
Other: __________________________________________________________

What type of injury/illness do you have?  (Check all that apply)

 o Abrasion (scrape)  o Strain/Sprain  o Bruise  o Poisoning (Ivy, Oak, Other)
 o Fracture  o Cut/Puncture  o Crush  o Burn
 o Respiratory  o Amputation  o Swelling  o Dislocation
 o Other: __________________________________________________________

All the information I have provided in this report is true and correct.  I understand that providing false or misleading information or omission of information on this report or any other form related to this injury may result in termination of my employment.

Employee Signature: ____________________________    Date: _____________   Witness:______________________

Montgomery County Schools   10/11/2013