

**MONROEVILLE LOCAL SCHOOLS
101 WEST STREET
MONROEVILLE, OH 44847
419-465-2610**

STAFF ACCIDENT/INJURY

This report is to be filled out as soon as possible following an accident or injury of a staff member at work.

NAME OF INJURED _____ DATE OF ACCIDENT _____

BUILDING/LOCATION _____ TIME OF ACCIDENT _____

SUPERVISOR _____ PLACE OF ACCIDENT _____

ACTIVITY IN WHICH ACCIDENT OCCURRED _____

DESCRIPTION OF INJURY _____

HOW DID INJURY OCCUR? _____

FIRST AID TREATMENT _____

WAS SPOUSE/DESIGNATED PERSON NOTIFIED? ____ YES ____ NO, If yes, when? _____

NOTIFIED NAME _____ PHONE # _____

If no, explain _____

WAS EMPLOYEE SENT TO DOCTOR OR HOSPITAL? ____ YES ____ NO TIME SENT _____

REMARKS _____

EYE WITNESS(ES): 1. _____

2. _____

(Signature of person making report)

(Signature of Supervisor)

(Please file a copy of this report with the Treasurer immediately after an accident occurred to an employee).



Received by: _____ **Date & Time** _____