Lewiston-Porter Central School District

Human Resources Department

PERSONNEL ACCIDENT REPORTING FORM

EMPLOYEE'S FULL NAME: ____

ADDRESS: ____ **PH:** ______________________

SOC. SEC. NO.: _____________________ **DATE OF BIRTH:** ____________

JOB TITLE: ________________________ **DATE OF HIRE:** ___________

BUILDING: ___________________ **TIME START WORK:** ___________ **AM** ___ **PM** ___

DATE OF ACCIDENT: __________ **TIME OF ACCIDENT:** _________ **AM** ___ **PM** ___

WHERE DID ACCIDENT OCCUR: (***EX: High School, Hallway***)___________________________________

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TYPE OF INJURY AND BODY PART: ***(EX: laceration, left hand)***__________________________________

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HOW DID INJURY OCCUR: ***(EX: Tripped and fell)*** ____

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____

WITNESSES: ____

DID YOU LOSE TIME? NO ( ) IF YES, WHEN? _________________________________

DATE RETURNED TO WORK: ___________

DID YOU RECEIVE MEDICAL ATTENTION? NO ( ) IF YES, COMPLETE THE NEXT SECTION.

DATE: ____________

Nurses office ( ) **Doctors office ( )** **ER/Immediate Care Center ( )**

NAME OF CLINIC: ____

ADDRESS: ____

PHYSICIANS NAME: ____

COMMENTS: ____

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******This form is to be filled out completely and forwarded to the Personnel Office <u>immediately</u> following any staff work related injury/accident.**

Lewiston-Porter Central School District
Personnel Office
4061 Creek Road, Youngstown, NY 14174
Phone: 716-286-7242 Fax: 716-286-7877