



Lewiston-Porter Central School District

One Purpose. Your Pathway. Our Promise.

PERSONNEL ACCIDENT REPORTING FORM 2023-2024

Complete fully and submit to the Office of Personnel/Human Resources immediately following any work-related injury/accident.

EMPLOYEE'S FULL NAME: _____

ADDRESS: _____ PH: _____

DATE OF BIRTH: _____ DATE OF ACCIDENT: _____

JOB TITLE: _____ TIME START WORK: _____ AM ___ PM ___

BUILDING: _____ TIME OF ACCIDENT: _____ AM ___ PM ___

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

TYPE OF INJURY AND BODY PART: (EX: Laceration, left hand) _____

HOW DID INJURY OCCUR: (EX: Tripped and fell) _____

WITNESSES: NAME _____ PH _____

NAME _____ PH _____

EMPLOYEE SIGNATURE _____ DATE _____

All work-related accidents/injuries require evaluation at the time of accident by the school nurse. If accident/injury occurs outside nurse's normal working hours, please report to your direct supervisor immediately, and follow up with the school nurse the next business day. She will forward report to Supervisor.

TIME SEEN: _____ AM ___ PM ___ EVALUATION/CARE PROVIDED: _____

SCHOOL NURSE, SIGNATURE: _____ DATE _____

MEDICAL TREATMENT: Doctor's office () ER/Immediate Care Center () None ()

FACILITY/PHYSICIAN: _____ DATE: _____

ADDRESS _____ NOTE PROVIDED ()

All work-related accidents/injuries require notification provided to direct supervisor (Building Administrator or Director of Facilities) at the time of accident/injury. Completed form must be received by Office of Human Resources within 48 hours of accident.

DID EMPLOYEE LOSE TIME? NO () YES () IF SO, WHEN? _____

DATE RETURNED TO WORK _____

SUPERVISOR SIGNATURE _____ DATE _____