

Picayune School District Employee Accident Report

Send original copy to Matthew Lee - Central Office Fax (601-798-1742) the same day of injury.

Date of Report: _____ Employee Name: _____

Social Security No: _____ Gender: _____ Marital Status _____ Employee Date of Birth: _____

Employee Address: _____

Employee Home/Cell Phone Number(s): _____

Date of Injury: _____ Time of Injury: _____ Time work day began on day of injury: _____

Job Title: _____ Work Location at time of accident (Be Specific): _____

Person/Supervisor notified of injury: _____ Date/Time notified of injury: _____

Describe accident: Specify activity engaged in when accident occurred and exactly what accident/injury was. (Example: Was walking on sidewalk in front of junior high auditorium and tripped on rock on sidewalk and fell to the ground.)

Were all safety regulations being followed at the time of the accident? Yes No

Comments: _____

Describe injury and indicate body part affected. Be specific (Example: As I fell, I twisted my left ankle and scratched my right elbow on the sidewalk.)

What thing directly injured you (employee) or made you (employee) ill? _____

Name/address/phone of all witnesses: _____

Did employee see the school nurse? Yes No

Does employee wish to seek medical attention: Yes No Not at this time

If Yes: Name of physician or facility: _____

Can Employee perform his/her job duties? Yes No

Administrator Signature _____ Date: _____

Employee Signature _____ Date: _____

Complete Form Thoroughly