

**EMPLOYEE ACCIDENT REPORT**  
**TWINFIELD UNION SCHOOL**

M  F \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ EMPLOYEE  VISITOR

Name of Injured: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ On School Grounds:  Yes  No

Location of Accident: \_\_\_\_\_

Describe the Accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Witnesses (Include phone Number): \_\_\_\_\_

\_\_\_\_\_

Nature of Injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Aid Administered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Aid Administered by: \_\_\_\_\_ Time: \_\_\_\_\_

Was Medical Attention Sought at Concentra:  Yes  No /

Name of Physician: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Time Lost from Work  Yes  No Date Lost Time Began: \_\_\_\_\_

Employee Hours of Work: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any Unsafe Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any Contributing Causes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action to be Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Completing this Report:

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Administrator:

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_