

**Putnam County Schools**  
*Employee Report of Injury*  
*(Other than Automobile)*

**Work Site:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Hire Date:** \_\_\_\_\_

<b>Normal Work Day</b>
<b>Start Time:</b> _____
<b>End Time :</b> _____

Date of Accident:	Month	Day	Year	Day of Week: (Check One)	M	T	W	TH	F	S	SUN	Time of Accident: _____	[ ] AM	[ ] PM
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Number Injured:	Accident was Investigated By:	Name	Phone No.
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<b>L O C A T I O N</b>	Accident Occurred At: School or Area				
	Address of School	City or Town	State	County	Marital Status
	Did Accident Occur Within Building? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If No, Describe Activity:				

<b>I N J U R I E S</b>	Person Injured:	Age	Birth Date	Address	
	City	State	Zip	Phone #	Social Security #
	Extent of Injuries:			Began Work (time)	Left Work
	If First Aid Given:	Name	Phone #		
	If Treated By Doctor:	Name	Address		
	If Sent To Hospital:	Name	Address	Phone #	
	Ambulance Called: <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>W I T N E S S</b>	Name	Address	Telephone Number

Describe What Happened:

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Could Accident Have Been Prevented?      If Yes, How:

Date of This Report: \_\_\_\_\_ Employees' Signature: \_\_\_\_\_

Principal/Supervisors Signature: \_\_\_\_\_

**This Accident Report MUST be submitted to the Personnel Office (by Fax 304-586-0519) upon completion.**

<b>County Use ONLY:</b> Date Received: _____    CLAIM No: _____
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