

**INCIDENT REPORT FOR MONROE TOWNSHIP BOARD OF EDUCATION**

Please use this to report all employee accidents and injuries. Forward to: (someone in your district such as the safety coordinator). All incidents requiring medical treatment beyond the school nurse must be forwarded within 48 hours. Please type or print clearly.

Incident Date: \_\_\_\_\_ Time employee began work \_\_\_\_\_ Time of incident: \_\_\_\_\_

Report Date: \_\_\_\_\_ Reported by: ☐ Phone ☐ In Person ☐ Other: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security# \_\_\_\_\_

Injured Information: Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of hire: \_\_\_\_\_

Male: ☐ Female: ☐ School: \_\_\_\_\_

What was the employee doing before the incident occurred? \_\_\_\_\_

Exact location of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_

What object or substance directly harmed the employee: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Witness: \_\_\_\_\_

(Name)

(Address)

(Phone#)

Treatment of injury by: ☐ School Nurse Only ☐ Doctor ☐ Emergency Room (was the employee hospitalized overnight as a in-Patient?) Yes ☐ No ☐ None ☐

Treatment given on-site: \_\_\_\_\_

If treatment was given away from the worksite, where was it given? Facility: \_\_\_\_\_

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

Name of Physician or other health care provider: \_\_\_\_\_

If the employee died, when did the death occur? \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that the foregoing is a true and accurate account of the incident: \_\_\_\_\_

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Principal/Administrator \_\_\_\_\_ Date \_\_\_\_\_