



Thomaston Public Schools Accident Investigation Report

Employee Name: _____

Address: _____

Phone: _____

Explain exactly how injury occurred. Describe sequence of events, including any objects or substances that directly injured the employee or made the employee ill. Specific activity, work process employee was engaged in when accident or illness occurred.

All equipment, materials, and/or chemicals employee was using when accident or illness occurred:

What body part was injured:

Date of injury: _____

Date reported to Employer: _____

Time Employee began work on date of injury: _____

Did employee go for treatment? **Y / N** Where? _____ What was treatment and disposition?

Witnesses (inc Title, Dept, Address and Phone)

Is there a related prior injury? **Y / N** If yes, please explain:

What was employee doing when injury occurred?

Was occurrence as a result of employee's job? **Y / N**

Will injury result in loss of work time? **Y / N** If yes, last day of work _____

Was occurrence on employer's premises? **Y / N** If yes, where? _____

Has employee returned to work? **Y / N** If yes, when? _____

Was another person responsible? **Y / N** If yes, who? _____

Investigate accident and indicate contributing factors

What action has or will be taken to prevent recurrence?

Additional comments:

Supervisor Name _____

Supervisor Signature _____

Date _____



Date: _____

I, _____, am refusing initial treatment for my injury that occurred on

Date: _____

Time of injury: _____

I understand that I must contact Human Resources to seek evaluation and treatment should pain/discomfort resulting from my injury does not subside in a few days.

Name of Employee

Signature of Employee

Date