

**BLISSFIELD COMMUNITY SCHOOLS  
EMPLOYEE INCIDENT REPORT**

**Part 1: To be completed by employee. Fill in all of the blanks.**

Employee's full name \_\_\_\_\_ Social Security# \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Job title \_\_\_\_\_

Location (school, building & area where incident occurred) \_\_\_\_\_

Date of injury \_\_\_\_\_ Time of injury \_\_\_\_\_ a.m./p.m. Scheduled shift: from \_\_\_\_\_ to \_\_\_\_\_

Last date worked \_\_\_\_\_ Return to work date \_\_\_\_\_ Days missed due to injury \_\_\_\_\_

Describe what happened in detail (What you were doing? lifting/pushing/pulling, indoors/outdoors, using tools/machinery, chemicals/ fumes)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What could be done to prevent this from happening again?  
\_\_\_\_\_  
\_\_\_\_\_

Body part(s) injured \_\_\_\_\_ Right / Left

Witnesses to actual incident \_\_\_\_\_

Date reported to supervisor as work related \_\_\_\_\_ Reported to \_\_\_\_\_ Title \_\_\_\_\_

First aid only? **Yes / No** Seen by a doctor? **Yes / No** If yes, provide doctor's name, clinic or hospital name, address, city, state, zip, telephone number and date examined below.  
\_\_\_\_\_  
\_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 2: To be completed by supervisor. Fill in all of the blanks.**

Date of injury \_\_\_\_\_ Date incident **reported** to you as work related \_\_\_\_\_

If not reported the same day why? \_\_\_\_\_

Date incident investigated \_\_\_\_\_ If equipment/tool damaged describe \_\_\_\_\_

Employee job title \_\_\_\_\_ Employee date of hire \_\_\_\_\_

Shift on date of injury \_\_\_\_\_ Time employee left work on date of injury \_\_\_\_\_

Last date worked \_\_\_\_\_ Return to work date \_\_\_\_\_ Days missed due to injury \_\_\_\_\_

Describe incident, specify body part(s) injured \_\_\_\_\_

Why did the incident occur? \_\_\_\_\_

What steps were taken to prevent similar incidents? \_\_\_\_\_

Was incident caused by anyone not on school district payroll? If yes give name, address, and attach a copy of any police reports or in-house school district reports filed. \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor printed name, title & telephone # \_\_\_\_\_