

— Accident/ Injury Report

Gestalt Community Schools Work-Related Accident/ Injury Report Form

Instructions to Employee

Use this form to report *all* work-related injuries, illnesses, or near-miss events (which could have caused an injury or illness), no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. Complete this form as soon as possible and give it to your supervisor for further action.

Type of report	<input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss
Your name	
Job title	
Supervisor's name	
Has your supervisor been informed of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date & time of incident	
Location of incident	
Witnesses (if any)	
What were you doing at the time?	

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Describe step-by-step what led up to the incident. Continue on the back if needed.	
What could have been done to prevent this incident?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this incident? <input type="checkbox"/> Yes, see below <input type="checkbox"/> No	
Name and phone number of treating physician	
Date and time of appointment	
Has this part of your body been injured before? <input type="checkbox"/> Yes, date: <input type="checkbox"/> No	

Employee signature: _____

Name (print): _____

Date: _____