



Knappa School District No. 4

*"The Knappa School District will INSPIRE all learners to ACHIEVE academically and THRIVE as independent and PRODUCTIVE citizens."*

**EMPLOYEE ON-THE-JOB INJURY/ILLNESS REPORT**

Employee Name: \_\_\_\_\_

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

Date of Injury: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

If Left Work Date: \_\_\_\_\_

Time Left Work: \_\_\_\_\_

Where did Injury Take Place: \_\_\_\_\_

Witnesses: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Describe Accident. What caused the accident? What were you doing? Include vehicle, machinery or tool used.**  
(Example: fell ten feet when climbing an extension ladder carrying a 40-lb. Box of roofing material)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What body part was injured: \_\_\_\_\_

Was first aide administered: \_\_\_\_\_ By Whom? \_\_\_\_\_

Are you planning seeing a doctor? \_\_\_\_\_

**If yes, report to the business office to receive an 801 form or you can go to SAIF.com to print one. This must be turned in ASAP so it can be forwarded to our carrier in a timely manner.**