

EAST CARTER R-II SCHOOL DISTRICT HEALTH OFFICE

Shelby Halcumb, RN, Director of Health Offices

Kristie Orchard, Health Clerk

EMPLOYEE ACCIDENT/INCIDENT REPORT

Name of Employee: _____ **Date of Birth:** ____/____/____

Age: ____ **Gender:** ____ **Employee Address:** _____

Date of Accident: _____ **Location:** _____ **Time of Accident:** _____

Time Accident/Injury Was Reported: _____

Witness(es) @ Time of Accident: _____

Describe the Accident:

Describe Injuries:

Equipment Involved in Accident/Injury: _____

Nurse Called? Y or N **Employee to Nurse? Y or N** **Assisted to H/O? Y or N**

Name of Nurse: _____

Nurse Treatment/Comments:

Name of Emerg. Contact Notified: _____ **Relationship:** _____

Notes from Call: _____

Ambulance Called? Y or N

If yes, what facility were they transported to? _____

Signature of Employee

Signature of Nurse

Signature of Supervisor

Date of Report