

CHILTON COUNTY BOARD OF EDUCATION
REPORT OF ON-THE-JOB INJURY
1705 Lay Day Road Clanton, Alabama

DIRECTIONS: This report must be completed by the employee immediately (but no later than 24 hours after injury) following an on-the-job injury and filed (please send all copies) with the Central Office.

PLEASE NOTE: The report must be signed by both the employee and the employee's immediate supervisor.

NAME OF INJURED: _____

ADDRESS: _____ PHONE: _____

DATE OF INJURY: _____ TIME OF DAY INJURY OCCURRED: _____

WHERE DID INJURY OCCUR: _____

NATURE OF INJURY (describe the injury): _____

DESCRIBE HOW THE INJURY OCCURED: _____

WAS IMMEDIATE SUPERVISOR NOTIFIED? ___ YES ___ NO

DATE AND TIME IMMEDIATE SUPERVISOR WAS NOTIFIED _____

NAME OF PERSON WHO ADMINISTERED FIRST AID, IF ANY _____

WAS INJURED TAKEN TO A PHYSICIAN? ___ YES ___ NO

NAME OF PHYSICIAN _____

WAS INJURED TAKEN TO A HOSPITAL? ___ YES ___ NO

NAME OF HOSPITAL _____

NAME(S) AND ADDRESS OF WITNESS(ES) _____

TO THE EMPLOYEE: Your signature below verifies that the above described injury occurred while working in the line of duty as an employee of the Board of Education.

Date: _____ / _____ / _____

Signature of Employee

THIS SECTION TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR:

NATURE OF INJURY (describe the injury): _____

IN YOUR OPINION, HOW DID THE INJURY OCCUR? _____

Date: _____ / _____ / _____

Signature of Immediate Supervisor

Date Report Submitted _____ / _____ / _____