## SEASIDE SCHOOL DISTRICT 10 Employee Accident Report

This form is to be completed by the employee if the employee has been injured. If medical attention is sought after this report is filled out, use this information to fill out the required 801 Form.

Employee's Name

Employee's Hours at Time of Accident (i.e. 8am-2pm)

Time of Accident

Describe what happened and if any treatment was used:

Job Title

Hours Worked per Day (i.e. 5-1/2)

Date of Accident

Date

Date

Where did the accident take place (building & location in building)?

List part(s) of the body injured (be very specific):

What can be done to prevent this from happening again?

Name(s) of any witnesses:

Any additional comments:

Employee Signature \*

Supervisor Signature \*

\* By typing your name here, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Original is filed in building office; send copy to District Office.

## If medical treatment for this accident is received at a later date, then you MUST fill out an 801 Form (located in the office).