

Wayne-Westland Community Schools / Employee Services Department
EMPLOYEE ACCIDENT & INVESTIGATION REPORT

EMPLOYEE DATA

Employee Name _____

District Position _____ Work Location _____

INJURY REPORT (Must be completed by the Employee in their own handwriting)

Date of the Accident _____ Time: _____ A.M. / P.M.

Describe the nature of the injury or illness (Example: burn, cut, fracture) _____

Part of the body directly affected by the injury or illness (Example: right wrist, left hand) _____

Describe the events which caused the injury (Example: fell from a ladder, chemical exposure) _____

How/Where transported for medical attention (if necessary) _____

Medical treatment needed _____

Names of witnesses to the accident _____

Signature of Injured _____ Date _____

INVESTIGATOR'S REPORT

Date of Investigation _____ Time: _____ A.M. / P.M.

What action is recommended to prevent a similar accident _____

Additional Comments _____

Signature of Investigator _____ Date _____

Signature of Supervisor _____ Date _____

Title _____ Date reported to the insurance office _____

WHITE & YELLOW Copies: Insurance Office / PINK Copy: Originator