



# PINE TREE ISD EMPLOYEE ACCIDENT/INJURY REPORT

Employee and/or supervisor must complete report and turn it in to the personnel department.

- If no medical attention is needed, report should be turned in within 24 hours.
- If non-emergency medical attention is required, employee should bring completed report to the personnel department to file workers' compensation information and be directed to medical facility.
- If emergency medical attention is required, the personnel department should be notified immediately of accident and nature of transport with the report being sent as soon as possible for proper workers' compensation forms to be filed.

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_ a.m./p.m.

Place of Accident: \_\_\_\_\_

Nature and extent of injuries including part(s) of body injured: \_\_\_\_\_

Describe how accident occurred – be specific/use back of form if needed: \_\_\_\_\_

Job or activity engaged in at time of injury: \_\_\_\_\_

Describe any unsafe conditions or practices related to the accident: \_\_\_\_\_

First aid given?  Yes  No

Witness(es) if any:

If yes, by whom: \_\_\_\_\_

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

Treatment: \_\_\_\_\_

Phone number : \_\_\_\_\_

*I do wish to seek medical attention.*

*I do not wish to seek medical attention at this time.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_