

MUSCOGEE COUNTY SCHOOL DISTRICT  
EMPLOYEE'S REPORT OF WORK-RELATED INJURY

Employee should complete this form immediately after the incident. ALL questions should be answered.

Employee Name \_\_\_\_\_ SS# \_\_\_\_\_

Position \_\_\_\_\_ Location \_\_\_\_\_ Normal Work Hours \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Did you have an injury/accident while working for the Muscogee County School District? \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Location of Injury/Illness: On Premises \_\_\_\_\_ Off Premises \_\_\_\_\_ Approved Route \_\_\_\_\_

Place \_\_\_\_\_ Address \_\_\_\_\_  
Classroom, Cafeteria, Playground, Parking Lot, etc.

What part of your body was injured? (right hand, left foot, etc.) \_\_\_\_\_

What type of injury? (burn, sprain, broken bone, etc.) \_\_\_\_\_

State what you were doing at time of accident. (BE SPECIFIC) \_\_\_\_\_

How did accident or exposure occur? (Describe contributing events, conditions, or personal actions; how and why did the accident occur; how could this have been prevented?) \_\_\_\_\_

Who was injury reported to? \_\_\_\_\_ Date reported \_\_\_\_\_

Who saw the accident happen? \_\_\_\_\_

Did you leave work as a result of the injury? Yes \_\_\_\_\_ No \_\_\_\_\_ Time left work \_\_\_\_\_

Did you seek medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you employed with any employer other than Muscogee County School District? \_\_\_\_\_

If so, name of employer and position held. \_\_\_\_\_

My signature below indicates that I have completed this accident report in my own handwriting, or if unable to do so, the responses filled out by my employer have been reviewed by me, and everything contained in this report is accurate and true.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

