

# FRANKLIN COUNTY SCHOOLS

## Employee Incident Report (Including Visitors/Parents to the Building)

**Provide ALL information pertaining to the incident.**

**Report to Director of Schools' Office:**

School Year: \_\_\_\_\_

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

Date of Injury: \_\_\_\_\_

Name of Employee Involved: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Position of Employee: \_\_\_\_\_

Witnesses to the Incident: \_\_\_\_\_

Location of the Incident: \_\_\_\_\_

Please describe any bodily injury or harm done to the employee:

Narrative (Describe how accident occurred—use specific details): \_\_\_\_\_

Was employee's emergency contact called?      Yes      No

Name of person contacted: \_\_\_\_\_

**Notify Annette Sisk at Finance Office (967-1279/cell 580-9206)**      Date: \_\_\_\_\_      Time: \_\_\_\_\_

**If 9-1-1 was called**, information given to the operator: \_\_\_\_\_

Emergency vehicles responding?      Police      Fire      Rescue      Ambulance

Was the Employee transported to the hospital?      Yes      No

Supervisor/Principal Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Fax copy 967-7832 to Central Office ASAP, maintain file of originals in school office.**