

# EMPLOYEE ACCIDENT REPORT

Greeneville City Schools

Employee Name \_\_\_\_\_ Date of Report \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Job Title \_\_\_\_\_ Principal/Supervisor \_\_\_\_\_

School/Department \_\_\_\_\_

Date of Accident/Injury \_\_\_\_\_ Time of Accident/Injury \_\_\_\_\_

Where did the accident occur? \_\_\_\_\_

Did the accident result in an injury?  Yes  No

If yes, describe the nature and extent of the injury.

Date Injury Was Reported? \_\_\_\_\_ Who Was Injury Reported To? \_\_\_\_\_

Missed time from work because of the injury?  Yes  No

Describe in detail how the accident occurred.

List cause(s) of the accident.

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

Complete this form for ALL injuries whether or not medical treatment is needed. Forward the completed form to Jeannie Woolsey, Coordinated School Health, George Clem Operations Building, 312 Floral Street, Greeneville, TN 37743.