SEVEN OAKS
SCHOOL DIVISION
community begins here

EMPLOYEE
ACCIDENT/INCIDENT REPORT

THIS FORM TO BE COMPLETED FOR ALL ACCIDENTS & INCIDENTS & IS FOR THE SOLE USE OF THE SEVEN OAKS SCHOOL DIVISION

Name of Injured	Date Reported	Time Reported
Occupation	Date of Accident	Time of Accident
Accident Location (classroom, department or work area)	Work Location & Phone No.	
Nature of Injury	Body Part Injured (include right or left)	
Names of Witnesses		

1. Detailed description of Incident or Illness:

2. Is the Injury considered to be a **"Serious Injury"** i.e. involves a fracture of major bone, amputation, loss of sight, internal hemorrhage, third degree burns, cuts requiring hospitalization or time loss, injury involving paralysis, unconsciousness resulting from concussion, electrical contact, asphyxiation, poisoning and any other injury likely to endanger life or cause permanent disability: Yes _____ No _____

3. Was **First Aid** required (describe): Yes _____ No _____

4. Was **Medical Treatment** required: Yes _____ No _____

   If so, provide name and address of Doctor, Clinic or Hospital:

   _____

5. Will there be time loss from work as a result of this accident? Yes _____ No _____

_____ Signature of Injured	_____ Date
_____ Signature of Principal or Supervisor	_____ Date

When completed, a copy of this form is to be retained by the employee before forwarding to the Principal or Supervisor. Principal/Supervisor to forward original form to the Assistant Superintendent of Personnel.