



# Memphis Shelby County Schools Employee Accident Report Form

## EMPLOYEE INFORMATION

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Select

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Employee Type: Select

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Email: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Is the Employee covered by Board Insurance?  Yes  No

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Time Employee Began Work: \_\_\_\_\_

Date Reported to Supervisor: \_\_\_\_\_ Time Reported to Supervisor: \_\_\_\_\_

Incident Type:  Accident  Exposure

Give a clear description of the incident and how it occurred: \_\_\_\_\_

Check Appropriate Action Required:  Ambulance Required  First Aid Only  No Treatment Needed  
 Emergency Treatment  Hospitalization  SCS Clinic

Body Part(s) Injured: \_\_\_\_\_ Injury Type(s): \_\_\_\_\_

What caused the incident? \_\_\_\_\_

What object or substance directly harmed the employee? \_\_\_\_\_

OSHA Case Classification: Select # Days Away From Work: \_\_\_\_\_

OSHA Injury Type: Select Anticipated Return Date: \_\_\_\_\_

Actual Return Date: \_\_\_\_\_ Physical Assault?  Yes  No

Was Personal Protection Equipment Required?  Yes  No

Was Employee using Personal Protection Equipment?  Yes  No

Reporting Location: \_\_\_\_\_ Report Prepared by: \_\_\_\_\_

Reporting Location Comments: \_\_\_\_\_

This form should be submitted to the main office for entry into the online Employee Accident Reporting system.