

Operational Services

Exhibit - Employee and Student Accident or Injury Forms

Employee Accident and Injury Investigation Form

Following all accidents or injuries on the job, the employee must report the incident immediately to their supervisor. **Within twenty-four (24) hours**, this form must be completed by the immediate supervisor and forwarded to the NDSEC Business Office, 132 E. Pine Ave., Roselle, Illinois 60172 (630) 894-0490 Fax (630) 894-5960. If medical attention is sought, a Release to Return to Work Form is required.

To be completed by the immediate supervisor only (NOT the employee)

Supervisor conducting investigation: _____ Title: _____

Name of affected employee: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Job Title: _____ Location of Employment (school) _____

Date of Birth: _____ Male ☐ Female ☐

Date & Time of Injury/Incident: _____ Did Employee Continue to Work After the Incident Yes ☐ No ☐

Building Location Where Injury Occurred: _____

Witness(s) Yes ☐ No ☐ List Names: _____

Nature of Injury (*be specific*): _____

What Task was being Performed? _____

How did Accident Occur? _____

Have medical/first aid services been rendered at school? Yes ☐ No ☐ Have outside medical services been rendered? Yes ☐ No ☐

Name and Address of Physician: _____

Name and Address of Hospital: _____

Did a work place condition or practice contribute to the incident? Yes ☐ No ☐ If so, what? _____

Was a Standard of Safe Work Practice Violated? Yes ☐ No ☐ If yes, which one? _____

Was the unsafe condition or practice corrected immediately? Yes ☐ No ☐

If not, what corrective action will prevent a similar recurrence? _____

Will an additional Standard of Safe Work Practice be needed? Yes ☐ No ☐ If so, what? _____

Signature of Investigator (Supervisor) _____ Date: _____

Signature of Injured Worker _____ Date: _____

STUDENT INJURY REPORT

Name of Injured: _____ Date of Birth: _____

Program: _____ Sex: _____

Home Address: _____
Street & Number City State

Date of Injury: _____ Time: _____

Location of Injury on Body: _____

Describe Injury (Be specific): _____

How and Where did Injury Occur? _____

Treatment Given: _____

Person Completing Report: _____

Witness: _____

Notification:

Parent Notification: _____ Date/Time: _____

Emailed Program Coordinator: _____

Emailed School Nurse: _____

Follow up by School Nurse: _____