



EMPLOYEE INCIDENT/ACCIDENT REPORT

- Employee Incident/Accident Report must be completed **immediately** after an injury/accident.
- Pictures should be taken of the accident area.
- If possible, the injured employee should complete the report within 12 hours.
- Upon completion, the **original Report** must be sent within two (2) hours to Sandy Dolan in Administration. Pictures should be emailed to sdolan@greentreeschool.org.
- A copy of the Report should be kept by the injured employee and supervisor.

PLEASE PRINT ALL INFORMATION

Date of Injury: _____ Time of Injury: _____

Name: _____ Work Site: _____

Address: _____ Date of Birth: _____

_____ Social Security: _____

Date of this Report: _____ Date Supervisor Notified: _____

Person Completing Report: _____

Body Part Injured: _____ Type of Injury: _____

Cause of Injury: _____

Initial Treatment for Injury (check all which apply):

No Medical Treatment School Nurse WorkNet Emergency Care
 Clinic/Hospital Hospitalized More Than 24 Hours Employee's Physician

If no medical treatment, please explain: _____

Employee Comments: _____

Witness Name and Comments: _____

Supervisor Name and Comments: _____

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act 165 and may also be subject to criminal and civil penalties. The Green Tree School has the right to investigate the circumstances of an alleged injury and will pursue false or fabricated claims with all available means at its disposal.

**EMPLOYEE INCIDENT/ACCIDENT REPORT
SAFETY SUMMARY**

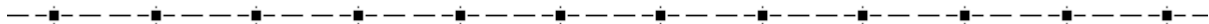
Was safety equipment provided for the employee's use? _____ yes _____ no

If yes, identify the safety equipment: _____

Was the employee using the safety equipment? _____ yes _____ no

If no, please explain: _____

Describe any underlying causes of this incident/accident



SAFETY COMMITTEE USE ONLY

Date Received: _____ Time Received: _____

Safety Committee Chairperson's Initials: _____

Suggested action(s) to be taken to **prevent** further **reoccurrence** of incident/accident/injury of this type:

Safety Committee Review Date: _____

Safety Committee Chairperson's Signature: _____