

**CLAYMONT CITY SCHOOL DISTRICT  
EMPLOYEE ACCIDENT/INJURY REPORT**

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**IMMEDIATELY CONTACT THE TREASURER AT 922-5478 EXT 2005 REGARDING THE  
ACCIDENT AND EMPLOYEE'S INJURY,  
EMPLOYEE AND SUPERVISOR MUST FILL OUT REPORT**

**EMPLOYEE INFORMATION** *(Please Print Clearly)*

Employee Name \_\_\_\_\_

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

Building Assignment \_\_\_\_\_

Supervisor \_\_\_\_\_

**ACCIDENT INFORMATION**

Where Did Accident Occur \_\_\_\_\_

Part of Body Injured \_\_\_\_\_

What were you doing when injured *(be specific)*

\_\_\_\_\_

Name tools, equipment or hazardous materials, and what you were doing with them

\_\_\_\_\_

List all witnesses

\_\_\_\_\_

Give a description of the accident *(Give full details on factors which led to injury/illness)*

\_\_\_\_\_

\_\_\_\_\_

Do you feel your injury/illness is directly related to your work?    Yes    No    Don't Know

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

**BELOW TO BE FILLED OUT BY SUPERVISOR**

Do you agree with the description of the accident?    Yes    No

What corrective action will be take place to prevent accident from recurring?

\_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_