



Plymouth Joint School District
Employee Accident Report
(Copy to District Office)

General Information			
Employee Name		Sex	Phone Number
Address			
Social Security #		Date of Birth	Employment Date
Job Title	Employee #	Department	Shift
Accident Information			
Date of Accident		Time	
Where Did the Accident Occur?			
Detailed Description of What Happened			
Specifically What You Were Doing, in detail		(Describe precisely the pain, noise heard (snap, pop, pull, sharp, waist to knee, etc)	
Specific Location of Pain		Nature of Injury (bruise, twist, cut, etc)	
Did the Accident Involve an Unsafe Act?	If so, Describe		
Did the Accident Involve an Unsafe Condition?	If so, Describe		
Did the Accident Involve a Company Policy?	If so, Describe		
Names of Witnesses Present			

Employee Signature _____ Date _____

Do you plan to seek medical treatment? Yes ____ No ____ Maybe ____

Any previous similar injury? If so, explain ____ No _____

Received by _____ Date _____ Time _____