

Board Policy

Code No. 403.2E1

EMPLOYEE'S REPORT OF ACCIDENT OR INJURY

**Attn: Accounting Supervisor, Administration Office
Bettendorf Community School District**

Date: _____

Promptly report all cases of accident or injury to your Building Principal or Supervisor. This form is to be completed and filed as soon as possible after any work-related injury.

NAME: _____

OCCUPATION: _____

ADDRESS: _____

BUILDING: _____

S.S.# _____

PHONE: _____ DOB: _____

TIME EMPLOYEE BEGAN WORK: _____

DATE AND TIME OF ACCIDENT OR INJURY: _____

BUILDING OR LOCATION WHERE INCIDENT OCCURRED: _____

DESCRIBE ACCIDENT, NATURE OF INJURY (BE SPECIFIC), ACTIVITY AT THE TIME OF INJURY AND ANY ACTIONS TAKE AFTER INJURY OCCURRED:

SPECIFIC INJURY SUSTAINED: _____

WAS BETTENDORF MEDICAL CENTER CONTACTED? YES _____ NO _____

MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

DATE AND TIME RETURNED TO WORK: _____

NAME AND ADDRESS OF WITNESS: _____

SIGNATURE OF INJURED: _____ DATE: _____

SIGNATURE OF PRINCIPAL OR SUPERVISOR: _____

PRINCIPAL'S OR SUPERVISOR'S COMMENTS: _____

NOTE: If incident involves blood, mucous, non-intact skin, vomit, or saliva, notify the school nurse at BHS immediately, complete a Post Exposure Incident Report, attach to this form, and send to the Accounting Supervisor at the Administration Center, P.O. Box 1150, Bettendorf, IA 52722.

Revised: January 11, 2010

*Reapproved: February 17, 2004
December 4, 2006
January 11, 2010
April 18, 2011*