



Employee Accident Notification Form

All work-related injuries or illnesses should be reported to Human Resources within 24 hours of accident. Site Administrators or Office Coordinators are responsible for sending the completed **Employee Accident Notification Form** to Human Resources.

Injured Employee Name: _____

Date of accident: _____ Time of accident: ____:____ am pm

Location of accident: _____

Were there any witnesses? _____

Supervisor Name: _____ Notified: Yes No Date/Time: _____

1. Briefly describe the accident (be specific): _____

2. Were there any injuries? Yes No

If yes, please describe:

3. What on-site treatment was provided? As an example, band aid, ice-pack, and first aid ointment.

4. Did the employee contact the Early Intervention Nurse? Yes No

*** For all accidents instruct employees to contact Early Intervention Nurse at 1-877-742-3467 ASAP.**

Print Name and Sign Title Date

RETURN COMPLETED FORM TO THERESA.DUNLOP@WJUSD.ORG
NO LATER THAN 24 HOURS AFTER ACCIDENT