

Cove School District 15

Code: **EBBB-AR(2)**

Revised/Reviewed: 11/11/81; 11/13/01; 7/16/13

Orig. Code(s): 6713-2 R

Staff Injury/Illness Report

Date: _____

1. Employee's Name: _____ Address: _____

2. Date of Accident: _____ Time of Accident: _____

3. Check type of injury:

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Abrasion (scrape wound) | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Sprains |
| <input type="checkbox"/> Burns and Scalds | <input type="checkbox"/> Incised wound (clean cut) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Contusion (bruised wound) | <input type="checkbox"/> Internal Injury | |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Laceration (torn wound) | |

4. Check part of body injured:

- | | | | | | | | |
|-------|------------------------------------|-----------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|---------------------------------|
| HEAD: | <input type="checkbox"/> Scalp | <input type="checkbox"/> Skull | <input type="checkbox"/> Face | <input type="checkbox"/> Eye | <input type="checkbox"/> Lip | <input type="checkbox"/> Teeth | <input type="checkbox"/> Tongue |
| ARMS: | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Elbow | <input type="checkbox"/> Forearm | <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand | | |
| LEG: | <input type="checkbox"/> Upper Leg | <input type="checkbox"/> Knee | <input type="checkbox"/> Calf | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> NECK | <input type="checkbox"/> SHOULDER | | <input type="checkbox"/> CHEST | <input type="checkbox"/> ABDOMEN | | |
| | <input type="checkbox"/> BACK | <input type="checkbox"/> PELVIS | | | | | |

5. Where accident occurred: _____

6. Cause of injury: _____

7. What was done for injured: _____

8. Witness to accident: _____

9. Could this accident have been avoided? Yes No

10. If yes, describe: _____

11. Recommendations: _____

Date submitted: _____

Signed: _____

Superintendent Review: Date: _____

Signed: _____

Copy to Superintendent