

MAURY COUNTY SCHOOLS

EMPLOYEE OCCURRENCE REPORT

Columbia, TN

(Include accidents, illnesses, or exposure to hazardous substance)

School/Dept. _____

Job Title _____

Employee Name _____

Address _____

City _____

State _____

Zip _____

Social Security No. _____

Home Telephone _____

Male _____ Female _____

Occurrence Date _____

Occurrence Time _____ A.M. _____ P.M.

Occurrence on Facility Premises? Yes _____ No _____

If no, where? _____

Location of Occurrence _____

Report Date _____

Activity Involved (X all that apply)

____ Lifting Student _____ Other Student Care

____ Hazardous Subst./

____ Non-Work Activity

____ Lifting Other _____ Transport Student

____ Infectious Exposure

____ Explain _____

____ Walking _____ Transport Equip.

____ Equip. Use/Repair

____ Other

____ Explain _____

Type of Injury (X all that apply)

____ No Apparent Injury

____ Laceration/Abrasion

____ Burn

____ Bruise/Crush

____ Bite/Scratch

____ Electrical Shock

____ Foreign Body

____ Fracture

____ Amputation

____ Infection

____ Other; Explain _____

Part of the Body

L

R

L

R

Head

Leg

Eye

Groin

Ear

Knee

Face

Foot

Neck

Toe(s)

Chest

Ankle

Abdomen

Back

Previous Injury, same part?

Arm

____ Yes _____ No

Shoulder

Date _____

Elbow

Describe _____

Hand

Finger(s)

Wrist

Possible Causes (X all that apply)

____ Unclear as to Policy/Procedure

____ Lifting/Pushing/Pulling

____ Poor Illumination

____ Improper Clothing/Equipment

____ Foreign Material on Floor

____ Equipment Defect/Malfunction/Handling

____ Building/Premises Defect

____ Student Initiated Occurrence

____ Other; Explain _____

Supervisor Notified at Time of Occurrence _____ Yes _____ No

Description of Occurrence _____

Witnessed By:

Name _____

Phone _____

Name _____

Phone _____

****SUPERVISOR TO FILL IN ALL ITEMS BELOW****

Measures taken to prevent reoccurrence _____

TREATMENT

____ No Treatment Necessary

____ Refused Treatment

Briefly Describe Treatment _____

____ First-Aid

____ Other; Explain _____

____ Emergency Room

Hospital _____

Physician _____

DISPOSITION

____ Returned to Work

____ Fatality

____ Returned to Home

____ Other; Explain _____

____ Hospitalized

TIME LOST _____ No _____ Yes

Name of Hospital _____ Estimated Absence _____

SIGNATURES

Completed By _____

Date _____

Dept. Head/Principal _____

Date _____

Superintendent _____

Date _____

SEND TO PERSONNEL OFFICE, MAURY COUNTY BOARD OF EDUCATION WITHIN 48 HOURS OF OCCURRENCE.

PART ONE – Personnel Office; PART 2 – Insurance Dept.; PART 3 – School/Dept.

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