

EMPLOYEE ACCIDENT REPORT

For any accident, however slight, type or print three copies of this report. Send WHITE COPY to Chicago Board of Education Law Department, Mail Room 95. Send CANARY COPY to district superintendent or administrative unit head. PINK COPY is retained at the school. See inside cover for detailed routing instructions. Answer every question with either the requested information or write "NA" if the question is not applicable to the accident.

1. Name of Employee _____ Married _____ Single _____ 2. Sex _____ 3. Age _____
 4. Date of Report _____ 5. School _____ District _____
 6. Date of Accident _____ Hour _____ A.M. P.M.
 7. Occupation of Employee _____ Wage per Day or Week _____
 8. Social Security Number _____ / _____ / _____ Total No. of months worked per year _____
 9. Status (Underline one): Career Service - certified, temporary _____ Teacher—regular, Substitute _____
 10. Home Address _____ Zip Code _____ City _____ Home Telephone _____
 11. Names and ages of employee's children under 18 years of age _____

Number of children under 18 years of age employed _____

12. Check Location of Accident
- | | | | | |
|--|--------------------------------------|--|---|--|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> School Office | <input type="checkbox"/> Toilets | <input type="checkbox"/> School grounds |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Shop | <input type="checkbox"/> Vestibule | <input type="checkbox"/> Public sidewalks |
| <input type="checkbox"/> Corridor | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Storeroom | <input type="checkbox"/> Other locations away from school property |
| <input type="checkbox"/> Engineer room | <input type="checkbox"/> Lunchroom | <input type="checkbox"/> Stairs Inside | <input type="checkbox"/> School steps and walks outside | |

13. If accident occurred outside of school building, submit a diagram showing location of accident in relation to school building and property.

14. Write on line the part of body injured: Specify left or right side (Ex: left leg, right arm):

- | | | | | |
|------------------|------------------|----------------|------------------|-------------------|
| Abrasion _____ | Bruise _____ | Cut _____ | Laceration _____ | Sprain _____ |
| Amputation _____ | Burn _____ | Fatal _____ | Puncture _____ | Dislocation _____ |
| Bites _____ | Concussion _____ | Fracture _____ | Scratch _____ | Other _____ |
- Did employee have any previous pain or injury? _____ If yes, specify _____

15. Description of Accident:
 What duty was employee performing at time of accident? Specify any tool, machine, or equipment involved, and whether they were defective.
 Indicate if accident was caused by other persons and whether or not they are employees of the Board of Education. _____

16. Immediate Cause of Accident (Examples: fall from ladder, indicate height and make; shoveling snow, describe type of snow; lifting object, specify weight in pounds; falling down stairs, describe condition of stairs) _____

17. Underlying Cause of Accident (Example: defective ladder, poor lighting, failure to use handrail, improper method of lifting, etc.) _____

18. Indicate physical condition of injured person just prior to time of injury: _____

19. Was first aid given? _____ By Whom? _____ Where? _____

20. Personal Physician _____ Address _____ Telephone _____

21. Where taken after accident? _____ By Whom? _____

22. Name of Hospital _____ Telephone _____

23. Witness _____ Address _____ Telephone _____

24. Witness _____ Address _____ Telephone _____

25. Job Classification of witness _____ hour _____

26. Did injured employee tell you of the accident? _____ If yes, give date _____

27. Was supervisor's statement completed? Yes No

28. Indicate how this accident may have been prevented _____

29. Was the employee officially on duty at the time of the accident? _____

Follow-up Memorandum—

30. What corrective measures have been taken to prevent repetition of unsafe acts or unsafe condition? _____

31. I do hereby certify that I have compiled above accident report and interviewed said witness, and from such sources I believe the statements as set forth to be true.

 (Signature of injured person, if possible)

 Signature of principal, engineer, custodian or person in charge)

DISPOSITION OF COPIES

WHITE COPY — Workers' Compensation Administration CANARY COPY — Send to district or administrative unit head PINK COPY — Retain in school or department file