



Birmingham Public Schools

Employee Report of Injury

THIS PORTION TO BE COMPLETED BY THE INJURED EMPLOYEE

Employee Name \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Social Security No. \_\_\_\_\_ Home Phone \_\_\_\_\_ Marital Status \_\_\_\_\_ Birthdate \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Gender \_\_\_\_\_ Job Title \_\_\_\_\_ Job Location \_\_\_\_\_ Date of Injury \_\_\_\_\_

a.m. \_\_\_\_\_ p.m.

Time of Injury \_\_\_\_\_ Date Reported to Personnel Relations Dept. \_\_\_\_\_ Was Injury or Exposure on Employer's Premises? \_\_\_\_\_

Location Where Injury Occurred \_\_\_\_\_ Attending Physician \_\_\_\_\_ Clinic or Hospital \_\_\_\_\_

Nature of Injury (Examples: burn, cut, sprain) \_\_\_\_\_ Part of Body (examples: left eye, right arm, ring finger) \_\_\_\_\_

How did alleged injury occur? Give full details on all factors which led or contributed to the injury including the object or substance which directly injured you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How could this injury have been prevented? \_\_\_\_\_

\_\_\_\_\_

Did anyone witness the injury? \_\_\_\_\_ Names of witnesses \_\_\_\_\_

Last day of work \_\_\_\_\_ Date returned to work \_\_\_\_\_

I acknowledge the receipt of a copy of this report and the information listed above is complete and accurate to the best of my knowledge.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

THIS PORTION TO BE COMPLETED BY THE SUPERVISOR

Did employee die? \_\_\_\_\_ Date of death \_\_\_\_\_ Location of death \_\_\_\_\_

Is the above injury job-related? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_ Explain \_\_\_\_\_

Comments on injury \_\_\_\_\_

\_\_\_\_\_

What preventative action has been taken to prevent similar injuries? \_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

White & Yellow - Personnel Relations Pink - Supervisor Gold - Employee