

Covington County School District



EMPLOYEE INJURY / ACCIDENT REPORT

NAME: _____

DATE: _____

LOCATION: _____ SCHOOL ADDRESS: _____

HOME ADDRESS: _____

SSN: _____

PHONE: _____

DOB: _____

HIRE DATE: _____

DATE OF INJURY / ACCIDENT: _____

TIME OF OCCURRENCE: _____

SUPERVISOR NAME / PHONE NUMBER: _____

EQUIPMENT OR MATERIALS USED WHEN INJURY OR ACCIDENT OCCURRED _____

DESCRIBE INCIDENT/ INJURED BODY PART/ACTION TAKEN / TREATMENT OF INJURY: _____

COMPLETED BY: _____

Approved 3/9/2020 by CCSDBOE

REVISED 02/03/2022