RITTMAN E.V.S.D. ACCIDENT INVESTIGATION REPORT Revised Sept. 2007

Employee Injury (Comp	olete All Sections)	<u>or</u>	Student Injury (If Student O	only Complete Applicable Sections)
Injured Individual's Name			Job Title	or Student Grade
Date of Birth	Hom	e Address		
Date of Hire	City	/ State		
Soc. Sec. #	Zip	Code		
Accident Location				
				Last Day
Injury Date	Time	AM-PM	Date Reported	Worked
Doctor / Hospital Information	Name			
	Address			
	Phone			
Did employee return to work?	Yes No	N/A	If yes, date returned	
Describe injury or alleged injury	v including specific	c location on body	y	
Description of how accident occ	curred			
Witnesses Names and Titles				
Did equipment malfunction?	Yes No	If ye	s, describe on reverse side.	
Describe damage to equipment of	or property			
What caused the accident?				
		Continue on 1	Reverse Side	

Was the Gates McDonald Healthplus Inc. injury line called? Yes No If Yes, Date For students, was parent or guardian notified? Yes No By whom If parent could not be reached was a note sent? Yes No By whom Signature of Supervisor and Title Pate Review by Superintendent including recommendations or orders Signature and Date Signature and Date Notes and Review by Treasurer for Workers Compensation Processing (if related to employee injury)	What action has been or will be taken to prevent recurrence?					
For students, was parent or guardian notified? Yes No By whom	Was the Cates MaDanald Haalthalus Inc. initian time called 2		V	NI.	If V. a. Data	
If parent could not be reached was a note sent? Yes No By whom		* 7		NO		
Signature of Supervisor and Title Date Review by Superintendent including recommendations or orders Signature and Date Notes and Review by Treasurer for Workers Compensation Processing (if related to employee injury)		Yes			-	
Pate ♠ Route to Carol Telford Date Received Review by Superintendent including recommendations or orders Signature and Date Notes and Review by Treasurer for Workers Compensation Processing (if related to employee injury)	•				•	
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Signature and Date	Notes and Review by Treasurer for Workers Compensation Pr	rocessir	ng (if related	to emp	loyee injury)	
Signature and Date						
Signature and Date						
Signature and Date						
Signature and Date						
	Signature and Date					