

**HAMPSHIRE COUNTY BOARD OF EDUCATION
UNUSUAL INCIDENT OR ACCIDENT REPORT FORM FOR EMPLOYEES**

The Finance Office **MUST** be notified **IMMEDIATELY** by telephone and/or EMAIL -- this form **MUST** be completed and emailed to Rhonda.Baker@K12.wv.us **AND** DHott@K12.wv.us on the **SAME DAY** of the incident (We only have **24 HOURS** to report these claims!!)

WHEN	Date of Incident	Time of Incident
	Was Incident reported immediately to supervisor?	If not, please explain:

WHO	Employee Name	Job Title
	Primary Work Location	Date of Birth
	Address	Phone Number
	Marital Status	Gender
	Names of Witnesses	Time began work on date of incident

INJURY	Describe how the incident occurred (specifically the cause, what you were doing, and equipment/objects involved)	
	Nature / Extent of injuries (include body part injured and state L or R if applicable):	
	Exact location where the incident occurred:	
	Was first aid Administered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please explain	
	Did you /will you see a doctor about your injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Doctor's Name	Doctor's Phone Number
	Did employee leave work	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, date and time returned to work:		

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CAUSES	Direct Cause of Injury (explain event that directly caused incident)	Was a third party involved?
		Was equipment involved in or cause the incident?

SUGGESTIONS	What could have been done to prevent this injury?
	Any additional comments

SIGNATURES	Employee Signature	Date
	Supervisor's Signature	Date
	Nurse Signature (if first aid administered)	Date
	Witness Signature(s) (if available at time of submitting)	Date

OFFICE USE ONLY	DATE OF HIRE	DAILY RATE OF PAY
	SS NUMBER	POLICY NUMBER
	ADDITIONAL COMMENTS	HOURS WORKED PER WEEK