RESA 1
400 Neville Street
Beckley, WV 25801

Employee Accident Report

Section I: Employee Information

Name: _____ SSN#: _____ DOB: _____

School: _____ Position: _____

Employee #: _____ Date of hire: _____

Home address: _____ City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Marital status: _____

Section II: Accident Information

Accident date: _____ Day S ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ Time: _____ am ☐ pm ☐

Principal/Supervisor: _____ Time shift began: _____ am ☐ pm ☐

School and place accident occurred: _____

What was being done immediately before the accident occurred? _____

What happened? _____

_____

Was this part of normal job duty? Yes ☐ No ☐ If "No" please explain: _____

Body part(s) injured? _____

Have you injured this body part in the past? Yes ☐ No ☐

If "Yes", please provide the date and explain: _____

Type of injury or illness? _____

What object or substance directly harmed the employee? _____

Witness(es) name: _____ Phone: _____

Name: _____ Phone: _____

Section III: Medical Information

Did employee seek medical treatment? Yes ☐ No ☐ If "Yes" Physician name: _____

Address: _____ Phone: _____

Name medical facility/hospital: _____

Has employee returned to work? Yes ☐ No ☐ If "Yes" Date: _____ Time: _____ am ☐ pm ☐

Section IV: Principal/Supervisor

This accident was reported to me on: Date: _____ Time: _____ am ☐ pm ☐

I certify that to the best of my knowledge, the above statements are true and correct.

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Scan completed form and email to jcolvin@k12.wv.us or fax to 304-256-4527.