

STOW-MUNROE FALLS ACCIDENT REPORT FORM

- - - To report an accident or injury involving any Employee, Student or Non-Employee - - -

PERSONAL INFORMATION (Complete all that are applicable in INK)

Employee

Non-Employee

Student - Grade _____

Date of this Report: _____

Name (Print): _____ Date of Birth: _____ Gender: Female
 Male

Home Address: _____ City: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____ Alt. Phone: _____

Job Title: _____ Building: _____

ACCIDENT INFORMATION (Complete all that are applicable in INK)

Accident Date: _____ Time: _____ am pm Time Shift Began: _____ am pm

Location of Accident (Be specific): _____

Regular Work Hours			
From _____	<input type="checkbox"/> am	To _____	<input type="checkbox"/> am
	<input type="checkbox"/> pm		<input type="checkbox"/> pm

What was being done before the accident occurred? (Attach separate sheet if necessary)

What happened? (Attach separate sheet if necessary)

Was this part of normal routine? YES NO Body part(s) affected or injured: _____

Type of injury or illness: _____ What object or substance directly harmed you? _____

Witnesses (Name & Phone): _____

Report prepared by (if different from the injured person): _____ Phone: _____

- If you have been exposed to human blood or body fluids other than your own, refer to Stow-Munroe Falls CSD Blood and Body Fluid Exposure protocol and/or contact the Business Office at 330-689-5413 for instruction

INJURED PERSON SIGNATURE: _____ DATE: _____

SUPERVISOR / PERSON-IN-CHARGE

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

Is further research required? YES NO Supervisor/Person-in-Charge Signature: _____

PRINT Name: _____

HEALTH CARE PROVIDER

Treated by School Nurse? YES NO If No, treated by? _____ Location: _____

Diagnosis, assessment or first aid: _____

Is this a re-aggravation of previous injury? Yes No Date of initial injury: _____ Lost time or restricted Duties? Yes No

Original sent to: Business Office Copies sent to: Principal PIC Supervisor Injured Person

ATTENTION: This form contains information regarding health issues and will be used in a manner that protects the privacy of injured parties to the extent possible while the information is being used for occupational safety and health purposes. All questions are to be directed to the Business Office.

This Accident Report form must be completed for every accident. For **all** work-related accidents, compliance with applicable CBA is essential. This report will:

1. Assist injured individuals in obtaining immediate medical treatment.
2. Inform Supervisor/Person-In-Charge of accident
3. Be recorded with the Business Office for follow-up and future prevention.

Below are guidelines for completing this form (**please print in ink**).

EMPLOYEE / STUDENT / NON-EMPLOYEE RESPONSIBILITIES:

1. Immediately notify supervisor/person-in-charge of accident/illness.
2. Fully complete "Personal Information" and "Accident Information" sections, **sign and date** the report. **(PRINT USING INK)**
3. Give form to supervisor/person-in-charge for signature
4. Seek medical treatment if necessary (see "Medical Treatment" section below).

SUPERVISOR/PERSON-IN-CHARGE RESPONSIBILITIES:

1. Complete "Supervisor/Person-In-Charge section. Sign and date the report. If injured person needs/desires medical treatment, arrange for appropriate medical care (see "medical Treatment" section below). **(PRINT USING INK)**.
2. If injured person does not need/desire medical treatment make a copy of this report for your records & send the original to the Business Office. If medical treatment is sought at a later date as a result of this accident, refer employee to the Business Office.

MEDICAL TREATMENT:

In case of serious or life threatening injury, *seek treatment immediately at the nearest medical facility*. If treatment is needed, it is recommended that the medical provider be an Ohio BWC-Certified Provider OR hospital of your choice; such as:

Akron General Hospital

4300 Allen Road
Stow, Ohio 44224
Hours: 24/7* Emergency Service
Phone: (330) 945-3100

Summa Akron City Hospital Emergency

525 East Market Street
Akron, Ohio 44304
Hours: Emergency 24/7* and Life Flight
Phone: (330) 375-3361

--- * Hours of operation may change without notice ---

****For all Emergency situations call 911** and be prepared to give specific location and accident information, if available.

FOR BLOOD AND BODY FLUID EXPOSURES:

Employees should report blood & body fluid exposures immediately to their supervisor. All others should call the Stow-Munroe Falls CSD Business Office at (330-689-5413) for instructions.

SUBMIT COMPLETED REPORTS TO:

1. Initial notice by fax: Business Office, fax number 330-689-5413
2. Original, signed form by school mail: Business Office
Stow-Munroe Falls City School District
4350 Allen Road
Stow, Ohio 44224

NOTE: It is understood that where immediate medical treatment is sought there may be a delay in filling out this form. However, every effort should be made to file as much information as possible with the Business Office as quickly as possible. Where employee injury occurs, compliance with applicable CBA or, where silent, within 24 hours will prevail regarding timeframes of notifying IMMEDIATE SUPERVISOR.