

**SHAKER REGIONAL SCHOOL DISTRICT
SAU # 80**

STAFF ACCIDENT REPORT FORM

NOTE: According to State Law (RSA 281) the employee must notify the employer within 24 hours after an accident has occurred, either verbally or in writing. Regardless, this form must be completed and submitted to the Superintendent's Office no later than 48 hours after the accident or injury occurs.

Name:		School:	
Address:		City, State, Zip:	
Birth date:		Soc Sec Number:	
Phone:		Supervisor Name:	

Date of Accident:		Time:		
Place of Accident:				
Witnesses:				
I have been unable to return to work since my injury (Circle ONE):		YES	or	NO

Fully Describe how accident occurred and indicate what you were doing when you were injured.	
Identify the body part(s) affected.	

Nature and Location of Injury and any treatment received:

Employee Signature:	Date:
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Supervisor Signature:	Date:
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SHAKER REGIONAL SCHOOL DISTRICT INCIDENT REVIEW

Note: Do not put names on this report. Reference employee or student.

School:	CES	BES	BMS	BHS	SAU	Reviewer's Signature:	
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Date of Review:		Date of Injury:		Specific location of Incident:	
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Personal Injury or Illness Information

Job Title:		Part of Body Affected:	
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Clearly Describe what happened, including events leading up to the incident:

Did Injured Leave work?	YES or NO	Time left:		Did injured go to Doctor?	YES or NO
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**Describe Conditions or factors that may have contributed to the incident.
(If Slip/Trip/Fall or Material Handling incident complete appropriate section at bottom of page.)**

**Corrective Actions Taken:
(Please outline actions taken to reduce likelihood that this type of incident will re-occur)**

MATERIAL HANDLING ANALYSIS

What was being Handled:	
How much did it weigh?	
Distance of Lift/Lower	
Did slip occur while Lifting?	YES or NO
How often is this job done?	
Was the incident reported immediately?	
Who was the employee working with at time of incident?	
Has employee had previous similar incidents?	YES or NO, Explain:

SLIP, TRIPS OR FALLS

Condition of walking surface?	
Was condition reported prior to the incident?	YES or NO
When was the condition addressed?	
How was condition addressed?	
Describe the lighting?	
Type and condition of footwear employee was wearing:	
Was employee carrying/pulling anything?	
Have similar incidents occurred at this location prior to this incident?	