



Citrus County School Board

Employee Accident/Injury Report

To be completed by Injured Employee

Name: _____ Employee ID: _____

Title: _____

School/Dept: _____ Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence Bldg./room#: _____

Witnesses: _____

Cause of Injury: Check all that apply.

☐ Lifting/Carrying supplies or equipment ☐ Insect bite/sting ☐ Fall / Slip

☐ Moving/Transporting equipment ☐ Chemical Contact

Activity during accident: ☐ Standing ☐ Sitting ☐ Walking ☐ Other: _____

Reason for Fall/Slip: ☐ Wet floor ☐ Obstruction ☐ Weather Condition ☐ Other: _____

ESE Student Involvement? Yes ☐ No ☐ **Student Involvement?** Yes ☐ No ☐ **Students ID number:** _____

Describe how the injury occurred (in detail): _____

Nature of Injury:

☐ Bite ☐ Burn ☐ Inflammation ☐ Laceration
☐ Numb ☐ Puncture ☐ Scratch ☐ Sprain or Tear
☐ Sting ☐ Strain or Tear

Other (Explain) _____

Part (s) of Body Injured:

☐ Abdomen ☐ Ankle (Left or Right) ☐ Arm low(Left or right) ☐ Arm upp (Left or Right)
☐ Back (Upper or Lower) ☐ Eye (Left or Right) ☐ Face ☐ Finger (specific: _____)
☐ Foot (Left or Right) ☐ Hand (Left or Right) ☐ Head ☐ Knee (Left or Right)
☐ Leg (Left or Right) ☐ Side (Left or Right) ☐ Teeth ☐ Toe (specific: _____)

Other (Explain): _____

Do you need to be medically treated at this time? Yes ☐ No ☐

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Return this form to your cost center administrator immediately.