

Submit to District Office Within 3 days of accident
SOLVAY UNION FREE SCHOOL DISTRICT
EMPLOYEE ACCIDENT REPORT

EMPLOYEE NAME _____ MALE FEMALE

ADDRESS _____ CITY/ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

POSITION _____ SCHOOL _____ DATE HIRED _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____ TIME EMPLOYEE BEGAN WORK _____

TIME LOST FROM WORK (dates, if applicable) _____

DESCRIPTION OF ACCIDENT (what were you doing, what caused the accident): _____

NATURE OF INJURY (part(s) of body affected and how affected): _____

WHAT OBJECT OR SUBSTANCE DIRECTLY HARMED THE EMPLOYEE? _____

WAS MEDICAL CARE PROVIDED? YES NO IF YES, WHEN & BY WHOM? _____

WITNESS(ES) _____

TREATED IN AN EMERGENCY ROOM? YES NO HOSPITALIZED OVERNIGHT (Inpatient)? YES NO

DATE OF FIRST VISIT TO PHYSICIAN/HOSPITAL FOR THIS INJURY (if applicable) _____

PLEASE INFORM Annette Conklin in the District Office if you see a physician after submitting this form.

NAME & ADDRESS OF PHYSICIAN: _____ NAME & ADDRESS OF HOSPITAL: _____

DATE RETURNED TO WORK _____

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

DATE SUPERVISOR FIRST KNEW OF INJURY _____

IF EMPLOYEE DIED, WHEN DID DEATH OCCUR? _____

PLEASE NOTE: If the above incident is a result of an illness related workers comp claim and **not an accidental injury**, please complete the following:

ILLNESS RELATED WORKERS COMP CASES ONLY: Please sign on the line below if you independently and voluntarily request that your name not be entered on the "Log of Work Related Illnesses." Please note this **does not pertain to accidental injuries.**

Please note: When an employee is injured while on duty and requires medical attention from a physician or hospital, please inform the physician/hospital that our insurance carrier is: NCAComp, Inc., 14 Lafayette Square, Suite 700, Buffalo, NY 14203, (716) 842-0045, ext. 172

PLEASE FORWARD ORIGINAL TO THE DISTRICT OFFICE WITHIN 3 DAYS OF INCIDENT TO THE ATTENTION OF :
Annette Conklin, Superintendent's Office, ph. 468-1111, ext. 301