

**PERRY LOCAL SCHOOLS
INJURY AND ILLNESS INCIDENT REPORT**

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related injuries and Illnesses (300P Log) and the accompanying Summary (300AP), these forms help the employer and the Public Employment Risk Reduction Program (PERRP) develop a picture of the extent and severity of work-related incidents.

You must keep this form on file for five (5) years following the year to which it pertains. If you need additional copies of this form, you may photocopy (or print) and use as many as you need.

I. Information about the employee:

Full name _____

Street _____

City _____ State _____ Zip _____

Date of Birth _____ S.S. Number _____

Occupation _____ Date hired _____

Male Female

II. Information about the physician or other health care professional:

Name of physician or other health care professional _____

If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ State _____ Zip _____

Describe the injury, be specific

Was medical or emergency treatment necessary? Yes No

Was employee treated in an emergency room? Yes No

Was employee hospitalized overnight as an in-patient? Yes No

Have you ever had a similar injury? Yes No

III. Information about the case:

Date of injury or illness _____ Time _____ (AM/PM) check if cannot be determined

Time employee began work _____ (AM/PM)

Did the employee miss work as a result of this injury? Yes No

Last day worked _____ Date returned to work _____

To whom was injury reported? _____

Date reported _____

Name(s) of witness(es) _____

What happened? Tell us how the injury occurred.

What was the injury or illness? Tell us the part of the body that was affected and how it was injured; be more specific than “hurt”, “pain”, or “sore.”

Employee’s Signature _____ **Date** _____

IV. Supervisor’s Report:

Supervisor’s Signature _____ **Date** _____

DATE RECEIVED IN TREASURER’S OFFICE _____ **BY** _____

Note: After each school related injury, accident, illness incident that requires an employee to seek medical attention and/or to miss work, the supervisor of the employee must notify Linda Baker with an update of the incident.