

(Revised July 2022)

Notice Regarding Worker's Compensation Eligibility: The injured employee or his/her immediate supervisor must complete and submit this accident report to the designee of the Principal or Facility Supervisor within **24 hours** after the accident, AND the injured employee must see a physician designated as a Forsyth County Board of Education Worker's Compensation physician within **48 hours** after the accident. OR if the injury occurred after dark or hours and the injury requires immediate medical attention, the injured employee must report to the nearest emergency room.

Directions for the Employee and Principal or Facility Supervisor: Retain Original at School/Facility Fax Copy to Finance Office (Fax 770-888-1221)

- (1) All employee accidents must be reported verbally to the Finance Department (770-887-2401 x 202140/workerscomp@forsyth.k12.ga.us) ASAP by your designee
- (2) Direct the injured employee or his/her immediate supervisor to complete and return this accident report to your designee within 24 hours (770-888-7824)
- (3) Take appropriate corrective action designed to prevent or reduce the risk of a similar accident, whether with Facilities or Transportation.

Information about the Accident

School or Facility Name: _____ Accident Date: _____ Accident Time: _____ AM/PM

Full Name of Person Involved in the Accident: _____

Cell Number of Person Involved in Accident: _____ Email of Person Involved in Accident: _____

When did the supervisor/administrator first have knowledge of the injury? Date: _____ Time: _____ AM/PM

Check all that Apply:

Location of Occurrence: () On Premises () Off Premises () On Approved Route

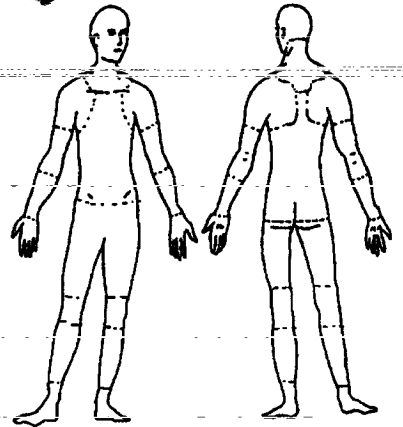
Job Description: () Teacher/Administrator () Secretary/Clerk () Custodian () Food Service () Maintenance () Bus Driver
() Paraprofessional () Other (Specify Other) _____

Nature of Injury/Illness: {Strain, Laceration, Burn, Fracture, etc.} _____

Part(s) of Body: (Back, Finger, Hand, Foot, etc.) _____ **(Shade in body part)**

Employee Went () Back to Work () Home () To Panel Doctor () To Hospital () Nurse () Other

If Nurse or Other give details: _____



1. Please describe the accident (be as descriptive as possible including where the accident happened):

2. Have you had prior injury or condition to injured body part(s)? Yes No If yes, explain:

3. Did you have any medical conditions before the accident? Yes No If yes, explain:

4. Did anyone witness the accident? Yes No If yes, give details:

5. What could have been done to prevent the injury?

6. Did you select a doctor from our panel of physicians? Yes Incident Only If incident only, state why you do not want to seek treatment:

Employee Signature: _____ Date: _____

Immediate Supervisor Signature (if applicable): _____ Date: _____

Principal or Facility Supervisor Signature: _____ Date: _____

Forsyth County Schools Supervisor/Administrator Report

(Revised July 2019)

To Be Conducted by the School Safety Coordinator or Another Administrator. Please complete within 72 hours.

MANAGER REPORT

Injured Employee Name: _____ Date of Injury: _____

Medical: Did the employee receive treatment outside of our posted panel of physicians? Yes No

If YES, did the employee go to the emergency room? Yes No

Emergency Room: _____

Why did the employee go to the emergency room?

If NO, where did employee go for medical treatment (we need to know why they did not go to a panel doctor):

Did the employee go alone to seek medical treatment? Yes No If NO, who went? _____

Red Flag Analysis (please give an explanation for every box checked) If no Red Flags check here

There were conflicting descriptions of what happened.

The employee had health concerns that may have contributed to the incident.

The employee had a history of injuries

The employee had missed days or reported sick prior to the injury

The claim was unwitnessed. If No were witness statements obtained? Yes No

The employee has had previous workers' compensation claims.

The employee delayed reporting.

The Supervisor delayed reporting.

The employee works somewhere else.

The employee may have been injured away from work.

The employee has had a history of disciplinary actions.

How Can Future Accidents Be Prevented? (Mark all that apply)

Employee Training _____ Proper Use of Equipment _____ Improve Task Procedures _____ Improve Work Area _____
Equipment Correction _____ Removal of Hazard _____ Use of Personal Protective Equipment _____ Provide Hazard
Warning _____ Enforce Policy/Rule _____ Other _____ Explain: _____

Administrator/Supervisor Name

Signature

Date