WOONSOCKET EDUCATION DEPARTMENT
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SCHOOL NURSE & SUPERVISOR
WORK RELATED INJURY FORM

Employee Name: _____**Date of Injury**: _____

To be completed by School Nurse:
Form must be returned to Human Resources within 24 hours of injury.

Severity of Injury:

- ☐ Fatality
- ☐ On Site First Aid
- ☐ Need Outside Medical Treatment
- ☐ Ambulance Called

Injury Type:

- ☐ Slip/Fall
- ☐ Contact with Sharp Object
- ☐ Human Violence
- ☐ Using Repetitive Motions
- ☐ Struck by of Against Object(s)
- ☐ Operation Equipment
- ☐ Overexertion While Lifting
- ☐ Other (give detail)_____

_____

Possible Contributing Factors:

- ☐ Overexertion
- ☐ Improper Body Position
- ☐ Unsafe Lifting, Loading, Piling
- ☐ Working on Moving Machinery
- ☐ Not using Personal Protective Equipment
- ☐ Procedures/Training Inadequate
- ☐ Other (give detail)_____

Possible Causes of Accident/Incident:

- ☐ Uneven, Slippery Surface
- ☐ Defective Equipment
- ☐ Inadequate Housekeeping
- ☐ Safety Equipment Not Used
- ☐ Improper Storage
- ☐ Other (give detail)_____

Reporting Nurse's Assessment/Findings: _____
_____
_____
_____
_____
_____

Onsite Treatment Administered: _____
_____
_____
_____
_____
_____

Nurses Signature: _____ **Date**: _____

<u>To be completed by Building Administrator/Supervisor:</u>
Form must be returned to Human Resources within 24 hours of injury.

When were you notified of the accident/injury? (Date and Time): _____

What was the next scheduled date for employee to work? (Date): _____

Did employee return to work that same day? (If yes, at what time): _____

Was safety appliance or regulation provided? (If yes, was it in use): _____

Was this injury the result of or was the injury contributed to a device malfunction? (yes or no):____

Was accident or injury caused by failure to use safety appliance or regulation? (yes or no): _____

What corrective action is being done to prevent the immediate reoccurrence of this incident?
_____
_____
_____
_____
_____

Corrective action completion date: _____

Other comments: _____
_____
_____

I attest that the above information has been accurately completed to the best of my knowledge.

Signature: _____ **Date**: _____