



**EMPLOYER'S FIRST REPORT OF INJURY**  
(This form must be submitted with forms HR 0002A)

**NOTE: This form is to be completed by the principal and sent to Human Resources.**

School Name: \_\_\_\_\_

Name of Injured: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Location of place where injury occurred: \_\_\_\_\_

What was employee doing when injured (Be specific. Include names of witnesses present or machinery used at time of accident.)

How did accident occur?

Nature of injury or illness, including part of body affected:

What preliminary corrective action was taken?

What follow-up corrective action was taken?

Recommendations of action to prevent reoccurrence:

Date of this report: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

