

**REPORT OF ON-THE-JOB INJURY**  
**CHILTON COUNTY BOARD OF EDUCATION**  
**Clanton, Alabama**

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**DIRECTIONS:** This report must be completed by the employee immediately (but no later than 24 hours after injury) following an on-the-job injury and filed (please send all copies) with the Central Office.

**PLEASE NOTE:** The report must be signed by both the employee and the employee's immediate supervisor.

NAME OF INJURED \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ 19\_\_\_\_ TIME OF DAY INJURY OCCURRED \_\_\_\_\_

WHERE DID INJURY OCCUR \_\_\_\_\_

NATURE OF INJURY \_\_\_\_\_

(Describe the injury)

DESCRIBE HOW INJURY OCCURRED \_\_\_\_\_

\_\_\_\_\_  
WAS IMMEDIATE SUPERVISOR NOTIFIED? YES \_\_\_ NO \_\_\_

DATE AND TIME IMMEDIATE SUPERVISOR NOTIFIED \_\_\_\_\_

NAME OF PERSON WHO ADMINISTERED FIRST AID, IF ANY \_\_\_\_\_

WAS INJURED TAKEN TO A PHYSICIAN? YES \_\_\_ NO \_\_\_

NAME OF PHYSICIAN \_\_\_\_\_

WAS INJURED TAKEN TO A HOSPITAL? YES \_\_\_ NO \_\_\_

NAME OF HOSPITAL \_\_\_\_\_

NAME(S) AND ADDRESS OF WITNESS(ES) \_\_\_\_\_

**TO THE EMPLOYEE:** Your signature below verifies that the above-described injury occurred while working in the line of duty as an employee of the Board.

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_ Date

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**THIS SECTION TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR:**

NATURE OF INJURY \_\_\_\_\_

(Describe the injury)

IN YOUR OPINION, HOW DID THE INJURY OCCUR? ./ \_\_\_\_\_

\_\_\_\_\_  
Signature of Immediate Supervisor \_\_\_\_\_ Date

Date Report Submitted \_\_\_\_\_  
02/2001 \_\_\_\_\_  
Date