Pickens County Schools

SUPERVISOR'S ON-SITE ACCIDENT REPORT FORM

Employee Information

Last Name	First Name	Social Security Number
Click here to enter text.	Click here to enter text.	Click here to enter text.
School/Department	**Position**	**DOB**
Click here to enter text.	Click here to enter text.	Click here to enter text.
Home Address		**Home Phone**
Click here to enter text.		Click here to enter text.
Time of Injury		**Date of Injury**
Click here to enter text.	☐ AM ☐ PM	Click here to enter text.
Time Injury Reported		**Date Injury Reported**
Click here to enter text.	☐ AM ☐ PM	

Exactly where on the property did the accident occur? Click here to enter text.

Describe the Accident: Click here to enter text.

List body part(s) injured: Click here to enter text.

What job-related activity was the employee performing at the time of the injury? Click here to enter text.

Identify what caused the accident.

a. Was accident the result of an unsafe act? ☐ Yes ☐ No

b. Was accident the result of a hazard? ☐ Yes ☐ No

c. Describe the hazard or unsafe act:

List the names of all witnesses.

Click here to enter text.

IF MEDICAL TREATMENT IS SOUGHT, AN APPROVED PANEL PHYSICIAN MUST BE UTILIZED.

Left Work Due to Injury? ☐ Yes ☐ No Sent for Medical Treatment? ☐ Yes ☐ No

Taken via Ambulance? ☐ Yes ☐ No

Name of Treating Physician: Click here to enter text.

Name of Hospital: Click here to enter text.

As the School Administrator, I do ☐ do not ☐ approve this as a Workers' Compensation claim. *Initial Here* _____

Employee's Signature: *(digital signatures are not accepted)*	**Date:**
Administrator's Signature: *(digital signatures are not accepted)*	**Date:**

NOTE: CONTACT THE CENTRAL OFFICE IMMEDIATELY IF MEDICAL TREATMENT NEEDS TO BE OBTAINED.

Phone: 706-253-1700 Fax: 706-253-1705

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SUPERVISOR'S ON-SITE ACCIDENT REPORT FORM

Supervisor's On-Site Accident Reporting Procedures

Please read all instructions before completing this report.

In the case of a life threatening injury, call 911 or seek medical attention immediately.

1. ***An accident form should be completed on ALL accidents.***
2. If medical treatment is **not** needed, fill out the accident form and email to chris parker@pickenscountyschools.org . Keep a copy for your records.
3. If medical treatment **is** needed, call Chris Parker, fill out the accident form, and email to chrisparker@pickenscountyschools.org. Keep a copy for your records.
4. If medical treatment is sought, an approved panel physician must be utilized. Please see panel.
5. Complete the **Accident Report Form** in its entirety within **24** hours of injury.
6. The accident form must be signed by a **building administrator**.
7. Failure to complete the **Accident Report Form** could lead to significant delays and denial of the claim.
8. ***All claims submitted to Workers' Compensation are subject to approval and investigation.***
9. The Pickens County School District will explore all claims submitted to Workers' Compensation.

**If you have further questions or concerns, please contact Chris Parker @706-972-6595*

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