

School District 93 – Injury Report

Log onto <https://lf.d93.k12.id.us/Forms/WC> and enter the accident report.

Refer all questions to workerscompensation@d93mail.com.

All injuries MUST be reported within 48 hours of the injury.

GENERAL INFORMATION

| | | | |
|---|-------------------------------|---------|-----|
| Location of Accident: | Department: | | |
| Injured person name: | If employee: SS# | | |
| Accident Date/Time: | Injured person is a: | Grade: | |
| Injured person address: : | City : | State : | Zip |
| Injured person phone number: | Injured person Date of Birth: | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |

ACCIDENT INFORMATION

| | |
|---|-------------------|
| Supervised Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Supervisor Name: | Supervisor Phone: |
| Witness 1 Name: | Witness 1 Phone: |
| Witness 2 Name: | Witness 2 Phone: |

NATURE OF INJURY

PART OF THE BODY INJURED

KIND OF ACCIDENT

WHERE ACCIDENT OCCURRED

CONTRIBUTING CAUSES

Work order number required: Yes No If yes, work order number:

HUMAN FACTORS

AGENTS

ACCIDENT DESCRIPTION

POST ACCIDENT REPORT

| | |
|--|--------------------|
| Was first aid given: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom: | |
| Was parent or other responsible person notified: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: | |
| Do the health records indicate tetanus immunization is current: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was the injured person sent home: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were they accompanied: <input type="checkbox"/> Yes <input type="checkbox"/> No Accompanied by: | |
| Was injured person sent to physician: <input type="checkbox"/> Yes <input type="checkbox"/> No Physician name: | |
| Was injured person sent to a hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No Hospital name: | |
| Days absent from school: | |
| Preparer's name and title: | |
| Preparer's phone number: | Date prepared: |
| Preparer's signature: | Victims Signature: |

The purpose of this printed form is not to replace the required online form at <https://lf.d93.k12.id.us/Forms/WC>. This is to help employees fill out the required information so that the secretary can then fill out the online form accurately. **PLEASE DO NOT submit this printed form to HR.**