

TOWN OF WEYMOUTH / WEYMOUTH PUBLIC SCHOOLS
EMPLOYEE ACCIDENT REPORT
(MUST BE COMPLETED WITHIN 24 HOURS OF ACCIDENT)

1. Employee:		2. Telephone Number:	
3. Address:		4. Department	
5. Social Security Number:		6. Date of Hire:	
7. Hourly Rate:	8. Position:	9. Date of Birth:	
10. Which incident caused injury: A. Digging/Shoveling B. Welding C. Grinding/Buffering D. Operating Air Tools E. Operating Equipment F. Testing Pipe/Boiler G. Loading/Unloading		H. Handling Material I. Cleaning J. Walking/Running K. Hit by another person/object L. Other: _____	
11. Occupation of Injured Employee: A. Administrative B. Custodian C. DPW D. Recreation E. Maintenance		F. Teacher G. Paraprofessional H. Food Services I. Other: _____	
12. How Injury Occurred: A. Fall B. Pulling/Pushing C. Struck by Object D. Slip/Trip E. Striking Against F. Stepping On		G. Caught in/On/Between H. Breathing Fumes I. Electrical Contact J. Temperature Extreme K. Moving/Lifting Object L. Other: _____	
13. Part of Body Injured: A. Eyes B. Ears C. Head/Face D. Neck E. Back F. Shoulders G. Arm H. Hands/Wrist		I. Fingers J. Abdomen K. Chest L. Hips M. Legs N. Ankles O. Foot P. Toes Q. Other: _____	
14. Was Employee Taken to the Hospital/Doctor? <div style="float: right; text-align: right;"> Yes No </div>			
15. Hospital/Doctor:		16. Telephone Number:	
17. Address of Hospital/Doctor:			
18. Location of Accident:			
19. Was Employee Injured on Employer's Premises: <div style="float: right; text-align: right;"> Yes No </div>			

20. Date of Accident:	21. Shift:	22. Time:
23. Date Accident Reported:		
24. Number of Witnesses:		
25. Witnesses:		
Name: _____	Title: _____	
Name: _____	Title: _____	
Name: _____	Title: _____	
Name: _____	Title: _____	
26. Detailed Description of Accident:		

27. Equipment, Tools & Materials Involved:		

28. Conditions Leading to or Causing the Incident:		

29. Has Employee returned to work?		
YES	NO	30. If yes, date Employee returned to work:
31. Please list any days the employee was absent from work due to the injury:		
32. Supervisor's name:		33. Supervisor's Title:
34. Supervisor's Signature:		35. Date: