



Citrus County School Board

Accident/Injury Report

SECTION 1-To be completed by Injured Person

Accident/Injury occurred to: Employee _____
Name: _____ School/Dept: _____ Title: _____
Date of occurrence: _____ Place of occurrence: _____
Bldg/room # _____ Time of occurrence: _____
Witnesses: _____

Cause of Injury: Check all that apply-

___ Lifting/Carrying supplies or equipment ___ Moving/Transporting Equipment
___ Chemical Contact ___ Insect bite/sting
___ Fall/Slip:
Reason for Fall/Slip: ___ Wet Floor ___ Obstruction ___ Weather Condition ___ Student
ESE Student Involvement? YES NO
Other (Explain)

Describe how the injury occurred (in detail):

Nature of Injury: ___ Abrasion ___ Bite ___ Bruise ___ Burn ___ Puncture ___
Scratch ___ Sprain ___ Swelling ___ Bleeding ___ Numbness

Other (Explain)

Part(s) of Body Injured (specify Left or Right): ___ Abdomen ___ Ankle ___ Arm ___ Upper Back
___ Lower Back ___ Eye ___ Face ___ Finger ___ Foot ___ Hand ___ Head ___ Knee
___ Leg ___ Mouth ___ Nose ___ Tooth ___ Wrist ___

Other (Explain)

Do you need to be medically treated at this time? _____

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Return this form to your cost center administrator immediately.