

*Lansing School District* ... RECORD OF OCCUPATIONAL INJURIES AND ILLNESSES

School \_\_\_\_\_ Date of Report \_\_\_\_\_

EMPLOYEE INFORMATION: (Please type or print all information)

Name \_\_\_\_\_ SS # \_\_\_\_\_ Employee ID # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

Home Telephone \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Female  Male Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

INJURY / ILLNESS INFORMATION: (Check One)  Injury  Illness  Death

Address & Location in Bldg. of Place of Injury / Illness \_\_\_\_\_  
**BE SPECIFIC (Ex: Apple Elementary, 2600 Apple Street, 3rd floor, Art Room #100)**

Date of Injury / Illness \_\_\_\_\_ Time of Day Injury Occurred \_\_\_\_\_  
(Be Specific IE: 9 AM)

Date Stopped Work \_\_\_\_\_ Date Returned to Work \_\_\_\_\_

What was employee doing when injured? (Be Specific) \_\_\_\_\_

How did accident happen? (Give all Details) \_\_\_\_\_

Describe Injury / Illness in detail - Indicate part of body affected \_\_\_\_\_

Object / Equipment / Substance inflicting injury \_\_\_\_\_

Did you seek treatment? \_\_\_\_\_ \* Yes, (if yes list below) \_\_\_\_\_ No / Precautionary report only  
**\* Treatment required by an employer designated physician.**

Hospital/Place of Treatment \_\_\_\_\_ Address \_\_\_\_\_  
Treating Physician \_\_\_\_\_ Address \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section needs to be completed by Supervisor**

Supervisor's Comments _____
Condition of area where injury occurred (Ex: ice, snow, unlevel ground, etc.) _____
Was Public Safety and/or Custodial Maintenance notified if condition warrants and investigation or repair? _____
Who was notified _____ Date notified _____
Signature of Principal/Supervisor _____ Date _____

