

MFISD INJURY REPORT FORM

Revised 12/13/07

Name of Person Injured: _____

Date of This Report: _____ Time of this Report: _____ am / pm

Date of Injury: _____ Time of Injury: _____ am / pm

Place of Injury: _____

NATURE OF INJURY

Abrasion	_____
Bruise	_____
Burn	_____
Cardiac problem	_____
Concussion/head injury	_____
Cut/ puncture	_____
Dislocation/fracture	_____
Electrical shock	_____
Inflammation/swelling	_____
Insect bite/sting	_____
Poisoning	_____
Respiratory problem	_____
Spinal injury	_____
Sprain/strain	_____
Other (specify)	_____

PART OF BODY INJURED

			Right	Left
Abdomen	_____	Ankle	_____	_____
Back	_____	Arm	_____	_____
Chest	_____	Ear	_____	_____
Face	_____	Elbow	_____	_____
Finger	_____	Eye	_____	_____
Head	_____	Foot	_____	_____
Mouth	_____	Hand	_____	_____
Nose	_____	Knee	_____	_____
Scalp	_____	Leg	_____	_____
Tooth	_____	Wrist	_____	_____
Other (specify)	_____			

DESCRIPTION OF ACCIDENT

Please attach additional comments / information on back of sheet

What was the person doing: _____

How did the injury occurred: _____

Was the proper safety equipment/gear being used: _____

Specify any tool, machine or equipment involved: _____

List any specifically unsafe acts and unsafe conditions existing: _____

Is there anything I could have done to prevent this injury: _____

List all Witnesses: _____

IMMEDIATE ACTION TAKEN

I know it is my responsibility to report any injury to my Supervisor and to the Benefits Secretary the day of the injury or the first thing the following morning.

Called the Benefit Secretary (830-693-4357) or ext 1109 Date _____ Time _____

Signature/Acknowledgement of injured party _____ Date _____

Signature of Supervisor/Office Administrator _____ Date _____

Signature of Director _____ Date _____

Employee will attend a Safety Training _____