Daniel P. King, Ph.D.
Executive Director

# Region One Education Service Center

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## Employee Incident Report Form

Date of Injury: ______________________________ Date Reported: ________________________________

Division: ___________________________________ Department: __________________________________

Supervisor: _________________________________ Phone #: _____________________________________

**Employee Information**

Name: _______________________________________ Sex: __________ DOB: ____________________

Home Address: __________________________________________________________________________

SSN: ________________________________________ Occupation: __________________________________

Phone #: ____________________________________ Employee Type (Check one): Full-time___ Part-time___

**Time of Incident: _____________(am ___ or pm___)** **Location: ___________________________________**

**Description of incident (please list all details-what you were doing when incident occurred, if anyone was with you, where this happened, what body parts you injured, etc.):**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**Part of body injured (Check all that apply)**

| | | | |
|---|---|---|---|
| ____ Skull, scalp | ____ Jaw | ____ Abdomen | ____ Shoulder (R ___ or L ___) |
| ____ Eye (R ___ or L ___) | ____ Neck | ____ Back | ____ Upper arm (R___ or L___) |
| ____ Nose | ____ Spine | ____ Pelvis | ____ Elbow (R ___ or L ___) |
| ____Mouth | ____ Chest | ____Ear (R ___ or L ___) | ____Forearm (R ___ or L ___) |
| ____ Wrist (R ___ or L ___) | ____ Finger (List in other) | ____ Toe (R ___ or L ___) | ____ Thigh (R ___ or L ___) |
| ____ Hand (R ___ of L ___) | ____ Hip | ____ Knee (R ___ or L ___) | ____ Lower leg (R ___ or L ___) |
| ____ Foot (R ___ or L ___) | ____ Ankle (R ___ or L ___) | | |

Other (Explain) ________________________________________________________________________

*** Once you have completed this form, please submit to Cindy Rocha, Benefits Specialist at cyrocha@esc1.net***

Employee Signature: ______________________________________________ Date: ___________________________

*Region One Education Service Center does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender, gender identity, national origin, age, disability, or any other basis prohibited by law in its programs and activities.*