

EAST CHINA SCHOOL DISTRICT  
EMPLOYEE ACCIDENT/INCIDENT/INJURY REPORT

8442 F1

EMPLOYEE DATA

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School/Dept. Assigned: \_\_\_\_\_ Job Title: \_\_\_\_\_

ACCIDENT/INCIDENT/INJURY DATA

(to be completed by Supervisor & Employee)

Date/Time of accident/injury: \_\_\_\_\_ Place of accident: \_\_\_\_\_

Describe part of body injured:

Describe how accident/injury occurred (**be specific**):

Witness(es) to accident/injury: \_\_\_\_\_

Disposition following accident/injury (check one):

\_\_\_\_ Returned to work?      Referred to:    \_\_\_\_ Home?    \_\_\_\_ Clinic?    \_\_\_\_ Hospital E.R.?

**I have received, reviewed and understand district procedures as stated on page 2 of this form:**

Signature of Employee: \_\_\_\_\_ Date of Report: \_\_\_\_\_

PREVENTION DATA

(to be completed by Principal/Supervisor)

What action has been or will be taken to prevent recurrence, and when? \_\_\_\_\_

Signature of Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

LDW: \_\_\_\_\_ S: \_\_\_\_\_ RTW: \_\_\_\_\_ = TDOW \_\_\_\_\_

Form: 8442 F1 Business  
Employee Accident/Accident/Incident/Injury Report  
Distribution: Original: Business Office  
CC: Principal/Supervisor  
Employee

**EAST CHINA SCHOOL DISTRICT****Employee Accident/Injury Procedure**

1. If an employee injury requires **emergency** medical treatment call **911** (Tri-Hospital EMS).
2. If an employee injury requires **non-emergency** medical treatment authorization must be received from the employee's immediate supervisor (building principal, afternoon crew leader or central office). Before seeking treatment the employee should have in his/her possession an *Accident/Incident/Injury Report* form to complete and the *Employer Authorization For Treatment/Billing* form which has been completed by his/her supervisor. Medical treatment is to be received from our clinic (St. John Occupational Health Clinic - just inside the Emergency Room at St. John River District Hospital). If the Clinic is closed, go immediately to St. John River District Emergency Room. If treatment is received from the Emergency Room the employee must report to the clinic the next day for follow-up treatment.

**St. John Occupational Health Clinic  
4100 River Road  
East China, MI 48054  
810.329.8912**

3. If the employee chooses to seek medical treatment from his/her own physician rather than at St. John Occupational Health Clinic, the employee will be responsible for any expenses incurred.
4. If the Clinic refers the employee to another physician, the employee will receive a referral letter from the clinic. All appointments are to be scheduled outside of the employee's workday.
5. The East China School District Workers' Compensation insurance carrier will make the determination as to the employee's disability. Time off due to work-related injuries is chargeable to the employees accumulated leave sick bank in combination with compensation by the Workers' Compensation insurance carrier, if eligible.
6. The employee **must** do the following:
  - a. Complete an *Employee/Accident/Incident/Injury Report* with his/her supervisor.
  - b. Return the **yellow copy** of the *Medical and Work Status Report* he/she has received from the clinic to the Personnel Office.
  - c. The **personnel** will forward the **original copy** of the *Accident/Incident/Injury Report* and the **yellow copy** of the *Medical and Work Status Report* to the **Business Office**.
7. Immediately following each doctor visit, the employee must deliver to the **Personnel Office** the **yellow copy** of the *Examining Physician's Statement of Physical Capacities* **and/or** Doctor Certificate. This document will state your current status and your next clinic appointment.
8. If you have any questions regarding the procedure, please call the Business Office at 810.676.1002.