

IRWIN COUNTY SCHOOL DISTRICT  
EMPLOYEE ACCIDENT REPORT FORM

Employee Name \_\_\_\_\_

Date of Injury \_\_\_\_\_

Location \_\_\_\_\_

Time of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

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Action Taken \_\_\_\_\_

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Employee Signature

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

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Title