# ACTEC REPORTING SERVICE 1-877-607-8600

**Call the Phone Number Above to Report On-the-Job Incidents/Injuries**

GREAT KIDS GREAT SCHOOLS

**BALTIMORE CITY PUBLIC SCHOOLS**

## EMPLOYEE INCIDENT REPORT

**Employment Status**
- ____ 10 Month Employee
- ____ 12 Month Employee
- ____ Full Time Employee
- ____ Part Time Employee
- ____ Temporary Employee
- ____ Other
- ____ Union Code

## *INSTRUCTIONS*

***IF EMPLOYEE IS SENT TO CLINIC:***
***Complete all portions of this form before sending employee to Clinic. Remove " Agency Copy" for files. Send remaining copies with employee to clinic.***

***IF EMPLOYEE IS SENT TO HOSPITAL:***
***Complete all portions of this form immediately after sending employee to the nearest medical facility for treatment. Remove "Agency Copy" for files. Send remaining copies to Clinic.***

**NOTE; "AGENCY COPY" REQUIRES ADDITIONAL ACTION AFTER REMOVAL!**

1 Date of this report

2. Date: Month Day Year

Incident Occurred Time Shift

3. Social Security Number

4. **Employee's Name** Last First Middle Init.

5. Title

6. Home Address

7. Home Phone Work Phone

8. Agency

9. Division, Region, District, Unit, etc.

10. Agy Code 11. Loc. #

12. Date of Birth 13. Age 14. Sex ☐ F ☐ M

15. Date of Employment Date assign to present job

16. Gross Rate of Pay Hr./Day/Wk.
$ . PER

17. **DISPOSITION** ☐ **CLINIC** ☐ **HOSPITAL** Name of Clinic/Hospital

Date Admitted Discharge Date

18. Physician's Name Printed Physician's Signature Phone

19. Specify exact address where incident occurred. Also specify exact location at this address

20. Describe fully, in employee's words, how incident occurred (use additional signed sheets if necessary)

21. According to employee, what part(s) of his/her body were injured?

22. Employee Signature Date ☐ Check here if employee is unable to sign

23. Is the employee's statement in accordance with Supervisor's knowledge of the facts ☐ Yes ☐ No If No, explain fully the details of incident in your own words (use additional sheets if needed)

24. Was safety equipment provided? ☐ Yes ☐ No

25. Was it in use at the time? ☐ Yes ☐ No

26. Was incident caused by injured's failure to observe safety rules? Yes ____ No ____

27. SCHOOL/LOCATION EMERGENCY CONTACT PHONE NO.

28. When did you first learn of Incident? Date Time AM/PM

PERSONAL EMERGENCY CONTACT PHONE NO.

29. If fatality, show date here

Witness (es) Name(s) City Schools Employee Yes/No Address Phone

Supervisor's Title Signature Date

UNION CODES: T=TEACHER P=PARA A=PSASA 6=UNAFFILIATE U=CUB 1=LOCAL 44